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Saskatchewan Health

Medical Care
Insurance Branch
– Medical Care Insurance Plan
– Supplementary Health Program
– Children's Dental Program

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Preface

This document is a statistical supplement to the Annual Report of Saskatchewan Health for the fiscal year 1990–91. It contains statistical data concerning the programs administered by the Medical Care Insurance Branch, including the Medical Care Insurance Plan, Supplementary Health Program, and Children's Dental Program.

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Highlights

- Payments by MCIB under its program areas totalled $289.0 million (see Page 5). Administration added a further $5.7 million in expenditures (2.0% of program costs).

- MCIB also made payments in 1990–91 to support the Saskatchewan Medical Association's Continuing Medical Education Fund and to a Dental Residency program.

Medical Care Insurance Plan

- The number of claims received for processing in 1990–91 totalled more than 9.3 million, including claims for cancer services and out-of-province beneficiaries (a 0.9% increase over 1989–90) (Table 3).

- The number of beneficiaries eligible to receive services declined to 1,029,352. Of this number, 88% received services during the year from a physician, 23% from an optometrist, and 12% from a chiropractor (Table 5).

- Benefits paid for insured services — provided by physicians, optometrists, chiropractors, and dentists — amounted to $274.5 million, an increase of 8.9% on a per capita basis (Table 8).

- Agreements reached with the various professional associations provided fee increases in 1990–91 as follows:

physicians	– 4.7% April 1, 1990
optometrists	– 4.0% January 1, 1990
chiropractors	– 4.0% April 1, 1990

- Program expenditures by area were: (Table 8)

physicians	$250,379,000
optometrists	8,562,000
chiropractors	14,110,000
dentists	1,492,000

- The overall number of active physicians in Saskatchewan increased at year end to 1,144 from 1,130 in 1989–90. Urban general practitioners increased by 9 (to 502), while rural general practitioners decreased by 7 (to 218); specialists increased by 12 (to 424), including psychiatry, anaesthesia, general surgery and orthopaedic surgery each up by 3.

  Active Chiropractors showed an increase of 4 to 108. Active Optometrists increased by 3 to 85.

  Note that the "active" definition has been changed to "practitioners receiving $40,000 or more in MCIB payments during the year," from $30,000.

- Average payments to active practitioners showed increases across the board: (Table 22)

General Practitioners	$160,100 up 4.9%
Specialists	268,100 up 9.7%
All Physicians	200,100 up 7.6%
Optometrists	93,600 up 8.3%
Chiropractors	124,400 up 2.4%

- Payments for out-of-province physician services increased by 14% to $12.1 million (Table 11).

Supplementary Health Program

- The average number of beneficiaries under the program fell from 59,837 in 1989–90 to 56,756 in 1990–91.

- Program expenditures per beneficiary rose to $122.97 in 1990–91 from $113.26 the previous year.

Children's Dental Program

- There were 142,728 children eligible to receive services under the Children's Dental Program in 1990–91.

- 81.1% of the eligible children received services under the program in 1990–91.

- The rates of decayed, missing and filled teeth generally continued to fall among Saskatchewan children.

- The uniform payment to the College of Dental Surgeons for each child seen at least once went up $5.00 over the previous year to $90.00.

Medical Care Insurance Branch 1990–91 Expenditures

Medical Care Insurance Plan	$271,088,612
Supplementary Health Program	6,979,213
Children's Dental Program	10,922,475
Administration	5,733,534
Continuing Medical Education	700,000
Grants to Support Health Services – Dental Residency	72,392
Total Expenditures	**$295,496,226**

NOTES

1. There is a difference between Medical Care Insurance Plan payments shown above and the total payments shown in the statistical tables. The difference is due to accounting adjustments (e.g. the handling of payments to and from other provinces for claims processed under the reciprocal billing arrangement), certain recoveries, adjustments for retroactive payments, handling of cancer services and services related to sexually transmitted diseases, and handling of medical and optometric services provided in community clinics, which are included in the statistical tables as if paid on a fee-for-service basis, but actually funded on a global basis through Urban Hospitals Branch.

Medical Care Insurance Plan

The Medical Care Insurance Plan provides insurance coverage to Saskatchewan residents for a wide range of services provided by physicians, chiropractors, and optometrists, as well as a limited range of services provided by dentists.

All residents of Saskatchewan, with a few exceptions (members of the Canadian Forces, RCMP, inmates of Federal Penitentiaries) are eligible to receive benefits, with the sole requirement being plan registration. No premiums are levied.

Subject to the exclusions detailed later in this section, the following services are insured:

Physician Services

Medical Services — The diagnosis and treatment by a physician of all medical disabilities and conditions.

Surgical Services — Surgical procedures by a physician including diagnosis, pre- and post-operative care and the services of physician surgical assistants when required.

Maternity Services — Care during pregnancy and delivery, and after care of the mother and child by a physician.

Anaesthesia — The administration of anaesthesia by a physician including:

- anaesthesia for diagnostic, surgical and other procedures
- obstetrical anaesthesia
- dental anaesthesia out of hospital when rendered by a physician who is a specialist in anaesthesia
- anaesthesia for pain management.

Diagnostic Services — In Hospital

- diagnostic services other than x-ray or laboratory services or services involving a tracing.

Diagnostic Services — Out of Hospital

- x-ray services, including interpretations, provided by a specialist in radiology
- laboratory services, including interpretations, provided by a specialist in pathology
- an approved list of laboratory services provided by a physician other than a pathologist
- other diagnostic services provided by a physician.

Preventive Medical Services — Immunization services where not available through any government or municipal agency; examination and report for adoptions for both child and parents; examination and report for persons becoming foster parents; a routine physical examination by a physician but not including an examination for the purpose of insurance, employment, vehicle seatbelt exemptions or at the request of a third party.

Refractions — Eye examinations to determine refractive error.

Optometric Services

Routine and Partial Eye Examinations — Unless special medical factors are present, the frequency of routine examinations to determine refractive error is limited to one in any 24-month period for beneficiaries aged 18 to 64. Beneficiaries of all other ages are eligible for a routine eye examination once every 12 months.

Tonometry — The measuring of intraocular pressure is an insured service when it is provided during a routine eye examination to beneficiaries 40 years of age or more.

Dental Services

Services in connection with maxillo-facial surgery required to treat a condition caused by an accident.

Certain services in connection with abnormalities of the mouth and surrounding structures.

Services for the orthodontic care of cleft palate upon referral to a dentist by a physician or another dentist.

Certain x-ray services when provided by a dentist who is a specialist in oral surgery.

Extraction of teeth medically required for the provision of:

— heart surgery,

— services for chronic renal disease, or

— services for total joint replacement by prosthesis

where the beneficiary was referred to a dentist by a specialist in the surgical field and where prior approval of the MCIB is received.

Chiropractic Services

Chiropractic visit and x-ray services.

No limits apply to chiropractic services.

Out-of-Province Services

Most services insured in Saskatchewan are insured outside the province.

Services provided by physicians in other provinces except Quebec are covered by a reciprocal billing arrangement. Saskatchewan beneficiaries are not normally billed for insured physician services provided in other provinces except for certain services excluded from the reciprocal billing arrangement. In most cases, physicians bill the provincial health plan of the provinces in which the services are provided. The host plan then bills the home province of the patient for the services provided.

Exclusions

The following services are not insured:

Health services received under other public programs including: The Hospital Services Plan, The Workers' Compensation Act, federal Department of Veteran Affairs, The Mental Health Act. MCIB acts as paying agent on behalf of the Provincial Laboratory for the treatment of sexually transmitted diseases.

Diagnosis and treatment of cancer — all services for the diagnosis and treatment of cancer, except for certain diagnostic services provided by a physician prior to referral to a Cancer Clinic. Diagnostic and treatment services for cancer are provided under The Cancer Foundation Act to residents registered with a Saskatchewan Cancer Clinic. The Medical Care Insurance Branch acts as a paying agent for the Cancer Foundation. The Cancer Foundation refunds MCIB for the cost of cancer services.

The following physician services are excluded:

- travelling
- advice by telephone
- surgery for cosmetic purposes
- any mental or physical examination for the purpose of employment, insurance, judicial proceedings, vehicle seatbelt exemptions or at the request of a third party
- autopsy.

The following additional services are excluded under the Medical Care Insurance Plan:

- ambulance services and other forms of transportation of patients
- services provided by special duty nurses
- services provided by chiropodists, podiatrists, naturopaths or osteopaths
- dentistry, except as described under Insured Services — Dental Services
- drugs and dressings
- appliances (e.g. eyeglasses, artificial limbs).

Methods of Payment

The Medical Care Insurance Branch makes payment for insured services by the following methods:

- fee-for-service billing by practitioners based on negotiated fee schedules
- contract payments to specified practitioners for the provision of specified services.

A global system of payment for the operation of four community clinics is provided by Urban Hospitals Branch.

Practitioners may choose to practise entirely outside the Medical Care Insurance Plan, in which case the services provided by that practitioner are uninsured.

Professional Review

Joint Professional Review Committees have been formed with the various professional associations and licensing bodies to evaluate the billing and practice patterns of practitioners. These Committees are empowered to make monetary reassessments and levy fines of up to $50,000.

Statistical Tables and Graphs

Introductory Notes

General — The following tables are based upon Medical Care Insurance Branch payments made during 1990–91 for medical, optometric, chiropractic and dental services provided to Plan beneficiaries as outlined in Table 4, page 18.

A global system of payment for medical and optometric services is used for four community clinics in the province, however, services are recorded on the same basis as fee-for-service items.

The statistical tables exclude data on cancer services paid by MCIB on behalf of the Saskatchewan Cancer Foundation. The tables also exclude data on services for treatment of sexually transmitted diseases paid by MCIB on behalf of the Provincial Laboratory.

The tables include data on services provided to Saskatchewan residents by practitioners outside the province where noted, but exclude data related to services provided by Saskatchewan practitioners to beneficiaries from other provinces.

Beneficiaries — Beneficiary information, such as the age-sex structure, is based upon records maintained by Health Insurance Registration of Saskatchewan Health.

Date of Payment — Statistics are based upon the date a service was paid, and not upon the date the service was provided. Statistics for the fiscal year 1990–91 include some services rendered in 1989–90.

Payment Adjustments — The difference between Medical Care Insurance Plan payments shown in the Statement of Expenditures, page 5, and the total payments shown in the statistical tables is due to accounting adjustments (e.g. the handling of payments to and from other provinces for claims processed under the reciprocal billing arrangement), certain recoveries, adjustments for retroactive payments, handling of cancer services and services related to sexually transmitted diseases, and the handling of medical and optometric services provided in community clinics funded on a global basis through Urban Hospitals Branch.

Statistical tables have not been adjusted for recoveries resulting from professional review activities. The amount of such recoveries is shown in Table 2.

Retroactive Payments — From time to time, the MCIB is required to make payments retroactively to practitioners, pursuant to agreements with the respective professional associations. The data has been adjusted to include the retroactive payments applicable to the time period covered by the report.

Definitions of Service Groupings (Tables 7 to 10)

(a) **Complete Assessments** — A complete assessment comprises a full history review, an examination of all parts or systems, a complete record and advice to the patient, and may include a detailed examination of one or more parts or systems. A complete assessment may be provided to new or former patients.

(b) **Partial Assessments or Subsequent Visits** — A partial assessment is a visit which comprises history review, history of the presenting complaint, and an examination of the affected parts, regions or systems. Well baby care provided in the office is included in this category. Initial assessments are included in this classification.

(c) **Minor Assessments** — Follow-up assessments by specialists usually following an initial assessment to review the process of treatment, or when a patient is seen for a relatively minor condition.

(d) **Special Calls** — Includes surcharge payments made in association with visits or other services provided by physicians when specially called to attend a patient on a priority basis; special care home and nursing home routine visit services; and follow-up house calls not specially called.

(e) **Hospital Care** — Physician services provided in a hospital on a visit per day basis. Hospital visits covered by a composite payment such as hospital care following surgery are not included.

(f) **Consultations** — A consultation is the referral of a patient by one physician to another for examination, diagnosis, and written report. The patient may return to the referring physician for treatment or receive treatment from the consultant.

(g) **Psychotherapy** — Includes treatment interview, group therapy, and counselling.

(h) **Laboratory Services** — All out-of-hospital laboratory services by specialists in Pathology and common office laboratory services provided by other physicians.

(i) **Diagnostic Radiology** — All out-of-hospital technical procedures and interpretations by specialists in Radiology.

(j) **Other Diagnostic Procedures** — Includes electrocardiograms, electroencephalograms, diagnostic ultrasound, biopsies, sigmoidoscopies, allergy investigations, administration of contrast media for radiology, and other diagnostic procedures. Dilatation and curettage is included in this grouping.

(k) **Major Surgery** — Surgical procedures for which the specialist fee listed in the Payment Schedule was $25.50 or more as of April 30, 1975.

(l) **Minor Surgery** — Surgical procedures for which the specialist fee listed in the Payment Schedule was less than $25.50 as of April 30, 1975.

(m) **Obstetrics** — Includes confinements, abortions, caesarian sections, but excludes gynaecological surgery, and pre- and post-natal visits.

(n) **Anaesthesia** — All anaesthetic procedures are included in this category (see page 6).

(o) **Surgical Assistance** — Services of physicians as required to assist the surgeon at an operation.

(p) **Major Therapeutic Procedures** — Comprise special psychiatric treatment procedures, allergy treatments and other therapeutic procedures for which the specialist fee listed in the Payment Schedule was more than $17.00 as of April 30, 1975.

(q) **Minor Therapeutic Procedures** — Comprise special psychiatric treatment procedures, allergy treatments and other therapeutic procedures for which the specialist fee listed in the Payment Schedule was less than $17.00 as of April 30, 1975.

(r) **Refractions by Physicians** — Eye examinations to determine the refractive state of the eye, when provided by a physician.

(s) **Services by Optometrists** — Includes eye examinations to determine the refractive state of the eye, when provided by an optometrist, partial examinations and tonometry testing.

(t) **Services by Chiropractors** — Includes visit services and x-ray services provided by chiropractors.

(u) **Dental Services** — Includes certain insured services provided by dentists, i.e. oral surgery, or orthodontic services for care of cleft palate, and the extraction of teeth necessary to be performed before the provision of certain surgical procedures.

Categories of Practitioners (Tables 12 and 15 to 23)

I. Physicians

(a) **General Practitioner** — A physician registered with the College of Physicians and Surgeons of Saskatchewan whose name does not appear on the specialist listing mentioned in (b) below. Includes physicians who while not specialists, limit their practice to specific specialty areas.

(i) **Urban** — A general practitioner who practises in a locality having 10, 000 or more residents.

(ii) **Rural** — A general practitioner who practises in a locality having fewer than 10,000 residents.

(iii) **Association** — A general practitioner who maintains patients' medical records with one or more other physicians.

(iv) **Solo** — A general practitioner who is not working in association with another physician.

(b) **Specialist** — A physician listed by the College of Physicians and Surgeons of Saskatchewan as eligible to receive MCIB payments at specialist rates. If a physician is listed as a specialist during the year, only those services provided after such listing are included with specialist services.

Note: Physiatrists are included with Internists; Medical Geneticists with Paediatricians; and specialists in the combined specialty of Ophthalmology and Otolaryngology are included with Ophthalmologists.

II. **Optometrist** — A practitioner registered by the Saskatchewan Association of Optometrists.

III. **Chiropractor** — A practitioner registered by the Chiropractors' Association of Saskatchewan.

Note: Definition of Active Practitioner — Practitioners receiving $40,000 or more in MCIB payments during the year and practising in Saskatchewan under MCIB coverage at the end of the year.

Figure 1

Annual Per Cent Change in Number of: Persons Covered by the Plan, Physicians, Services Per Patient, and Persons Receiving Services

(Indexed to Base Year 1985–86)

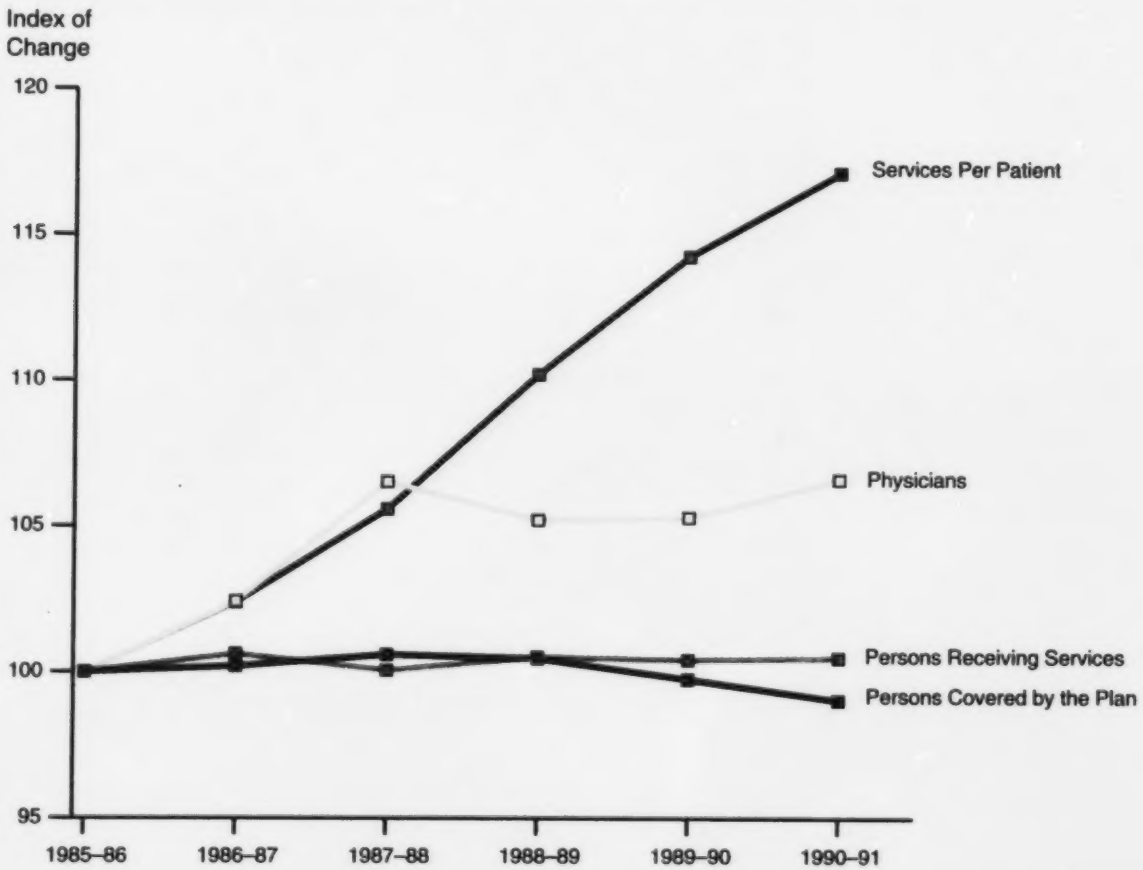

Figure 2

Annual Per Cent Change in Services Per 1,000 Beneficiaries for Selected Types of Physician Services

(Indexed to Base Year 1985–86)

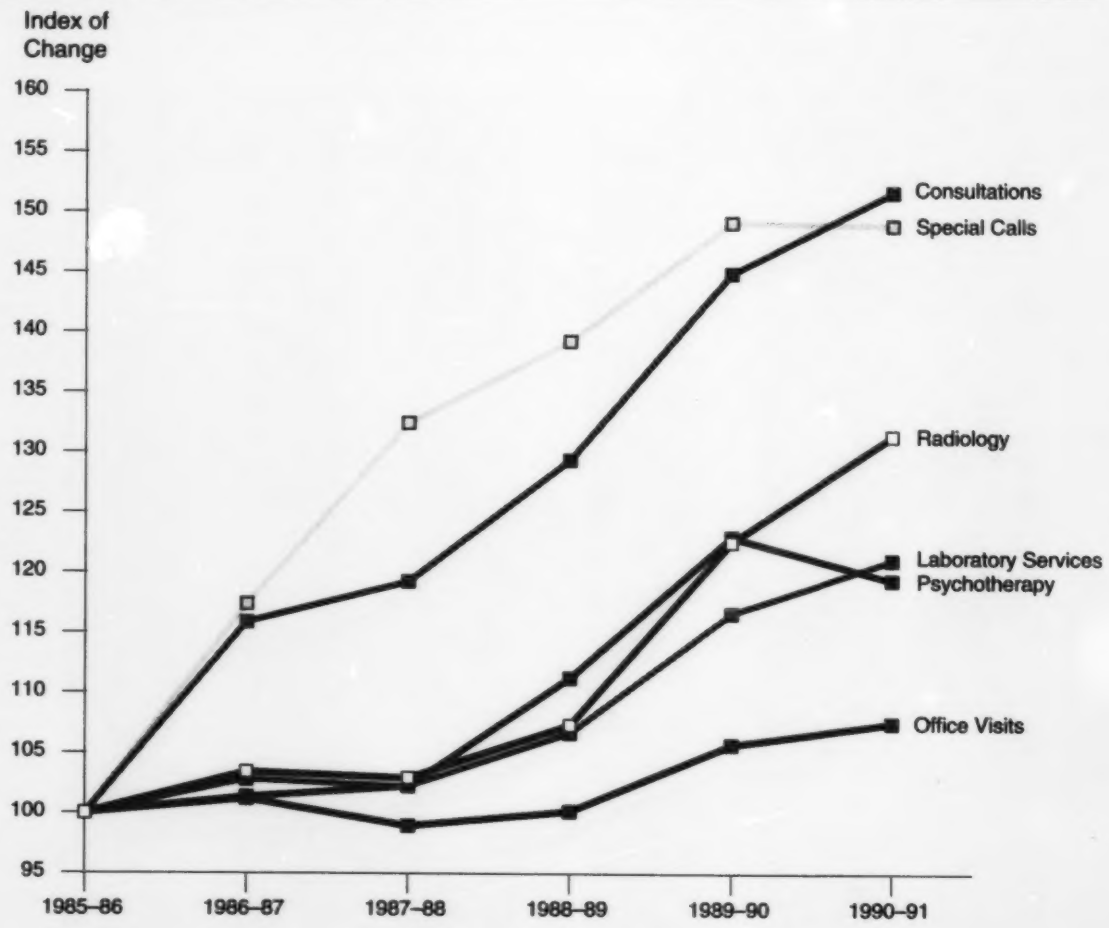

Figure 3

Per Cent of Physicians by Range of MCIB Payment,
1985–86 to 1990–91

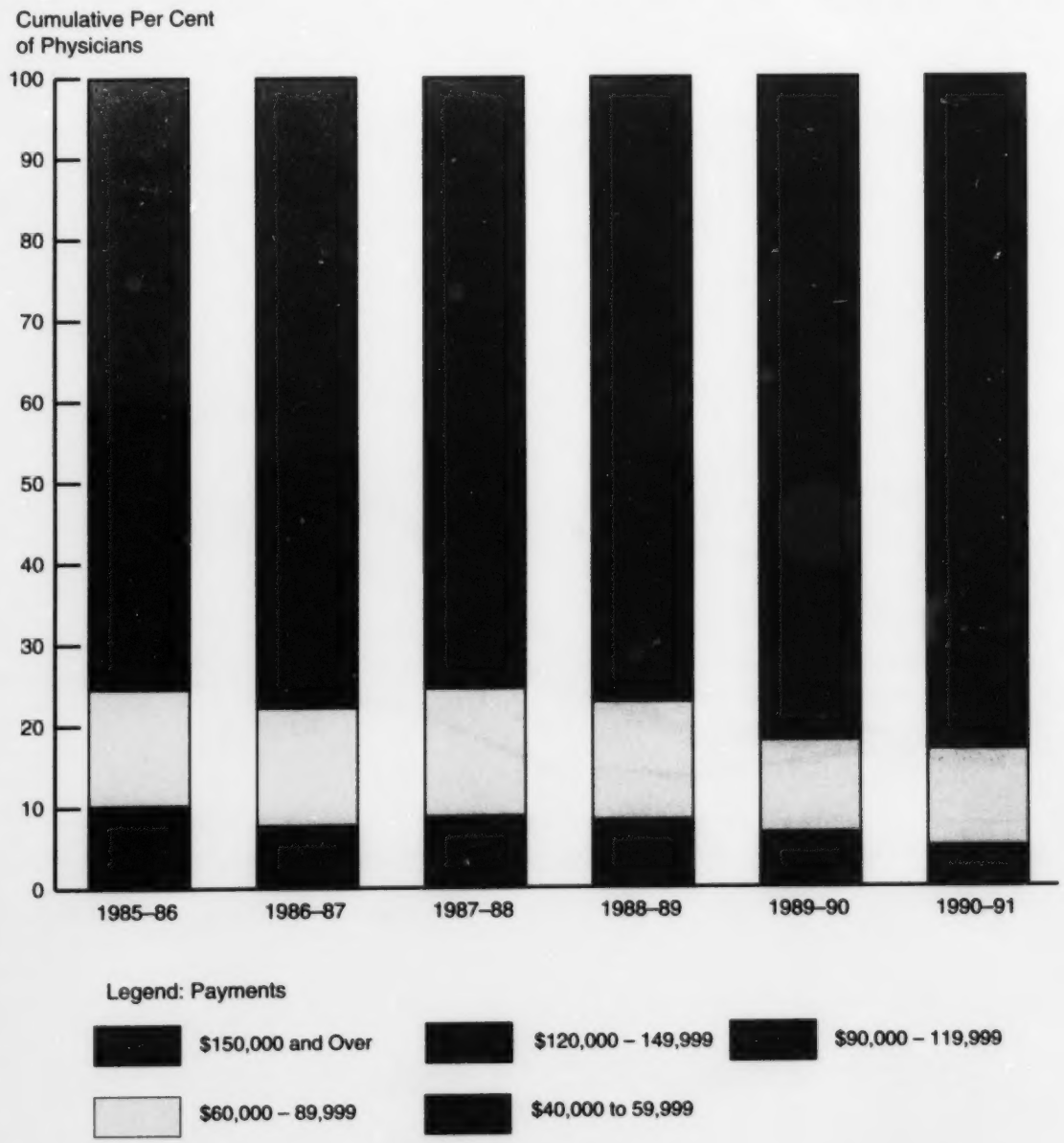

Figure 4

Per Capita Payments for Insured Services by Age and Sex of Beneficiary

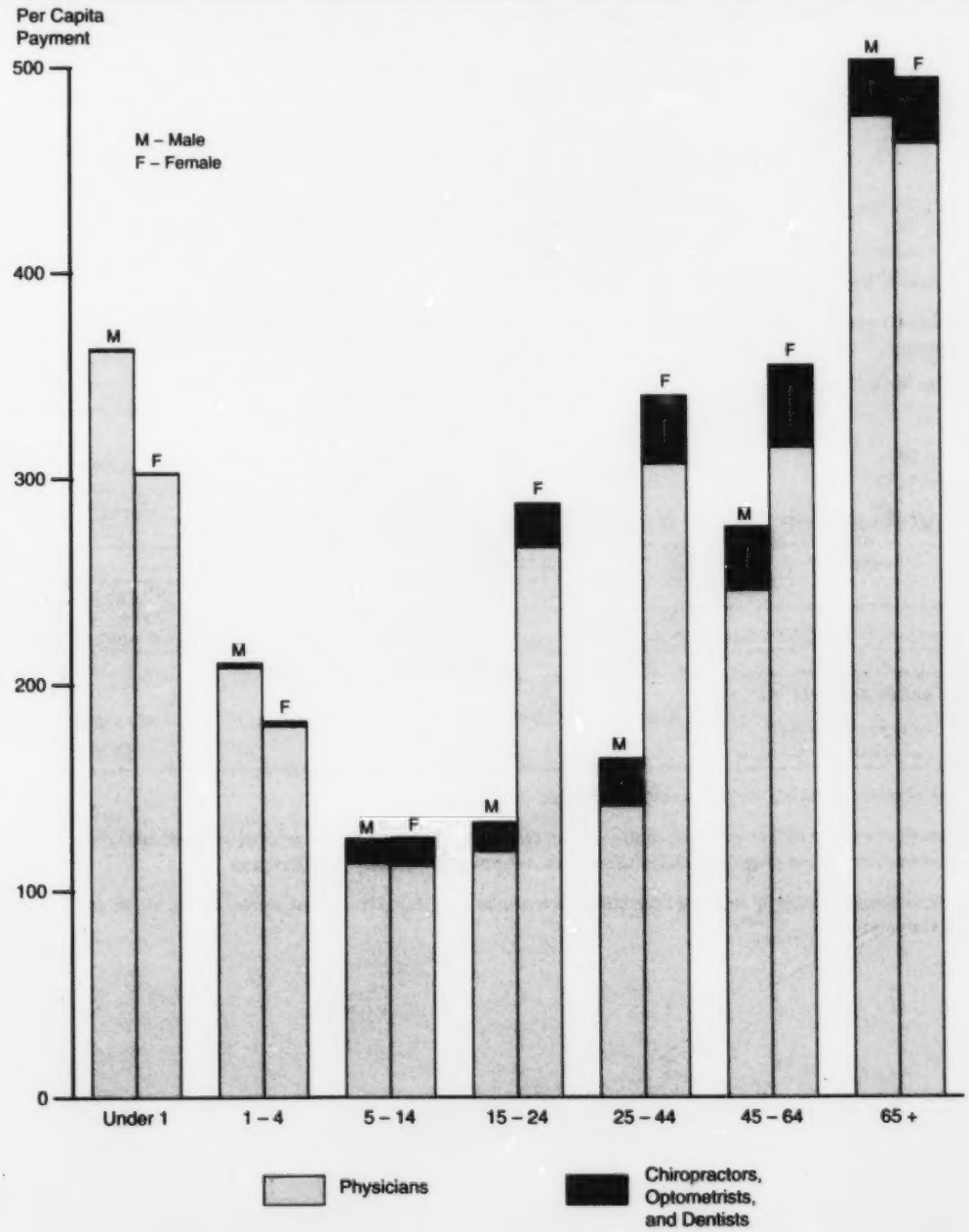

Table 1

Analysis of Per Cent Change in Per Capita Costs

Year	Gross Payments for Insured Services (000's)	Adjusted Cost Per Person Insured[1]	Per Cent Change in Adjusted Cost Per Person Insured[2]	Per Cent Change Due to Fee Increases	Per Cent Change Due to Utilization Increases
1986–87	$208,866	$200.57	–	–	–
1987–88	214,142	205.36	2.39	2.24	0.14
1988–89	229,096	217.13	5.73	1.52	4.15
1989–90	253,927	243.84	12.30	5.31	6.64
1990–91	274,543	265.43	8.85	4.27	4.40
Average Annual Per Cent Change					
1986–87 to 1990–91	7.07	7.26	7.26	3.32	3.81

[1] The cost per person insured has been adjusted for changes in inventory and program coverage.

[2] The per cent change in adjusted per capita costs is equal to the per cent change due to fee increases times the per cent change due to utilization increases.

Note: Due to changes in methodology, this table is not comparable to previous years.

Table 2

Adjustments and Recoveries by the Medical Care Insurance Branch

	1989–90		1990–91	
	Number of Practitioners[1]	Adjustment or Recovery (000's)	Number of Practitioners[1]	Adjustment or Recovery (000's)
Routine Assessment[2]	1,904	$6,396.2	1,917	$6,994.6
Special MCIB Studies and Professional Review Activity[3]	13	121.4	19	381.1
Total	–	**$6,517.6**	–	**$7,375.7**

[1] Resident practitioners who received a MCIB payment during the year.

[2] The dollar adjustments represent the difference between the amount on claims submitted and the amount assessed, including adjustments resulting from verification programs. These adjustments are prior to retroactive rate increases.

[3] The dollar amounts are recoveries resulting from the correction of payments as revealed by special studies by the MCIB and Professional Review Committees.

Table 3

Claims Received by Method of Billing

Claims Received from:	Number of Claims Received		Per Cent of Claims Received	
	1989–90	1990–91	1989–90	1990–91
Physicians	**7,939,926**	**7,989,270**	**86.16**	**85.91**
In-Province Claim Forms[1]	4,387,408	3,701,513	47.61	39.80
In-Province Direct Input[1]	3,240,267	4,095,238	35.16	44.04
Out-of-Province Reciprocal Billing[2]	300,464	177,904	3.26	1.91
Other Out-of-Province	11,787	14,615	0.13	0.16
Optometrists	**243,190**	**251,180**	**2.64**	**2.70**
In-Province Claim Forms	221,061	227,797	2.40	2.45
In-Province Direct Input	19,731	20,998	0.21	0.22
Out-of-Province	2,398	2,385	0.03	0.03
Chiropractors	**996,835**	**1,028,776**	**10.82**	**11.06**
In-Province Claim Forms	508,263	466,958	5.51	5.02
In-Province Direct Input	485,249	556,668	5.27	5.99
Out-of-Province	3,323	5,150	0.04	0.05
Beneficiaries	**34,696**	**31,016**	**0.38**	**0.33**
In-Province	6,681	2,976	0.07	0.03
Out-of-Province	28,015	28,040	0.31	0.30
Total	**9,214,647**	**9,300,242**	**100.00**	**100.00**
Claims Per Employee	**72,556**	**76,861**		

[1] Includes claims for services provided to beneficiaries of other provinces through reciprocal billing arrangements.

[2] Claims for services provided to Saskatchewan beneficiaries in other provinces through reciprocal billing arrangements.

Note: Includes claims processed on behalf of the Saskatchewan Cancer Foundation.

Table 4

Services and Payments by Age and Sex of Beneficiaries

Age Groups	Number of Beneficiaries as at June 30, 1990		Rate Per 1,000 Beneficiaries			
			Services		Payments	
	Male	Female	Male	Female	Male	Female
A. Physicians						
Under 1	8,098	7,620	16,129	14,048	362,247	302,366
1 – 4	34,086	32,336	10,863	9,628	208,359	179,869
5 – 14	83,825	80,244	6,609	6,685	113,671	112,267
15 – 24	77,853	74,195	6,300	15,501	119,208	266,386
25 – 44	159,804	154,053	7,205	16,866	141,034	306,737
45 – 64	89,559	89,184	11,954	16,576	245,569	314,592
65 – 69	19,827	21,701	18,145	19,302	391,799	382,699
70 and over	41,513	55,454	26,303	27,371	515,116	493,064
All Beneficiaries	**514,565**	**514,787**	**10,143**	**15,770**	**199,251**	**287,209**
B. Optometrists						
Under 1	8,098	7,620	2	2	53	53
1 – 4	34,086	32,336	52	56	1,668	1,806
5 – 14	83,825	80,244	281	329	9,102	10,655
15 – 24	77,853	74,195	188	282	6,005	8,942
25 – 44	159,804	154,053	181	286	5,034	8,022
45 – 64	89,559	89,184	425	541	8,882	11,271
65 – 69	19,827	21,701	540	686	11,270	14,286
70 and over	41,513	55,454	586	701	12,289	14,659
All Beneficiaries	**514,565**	**514,787**	**276**	**379**	**7,038**	**9,599**
C. Chiropractors						
Under 1	8,098	7,620	57	32	779	454
1 – 4	34,086	32,336	41	38	554	513
5 – 14	83,825	80,244	147	153	1,950	2,017
15 – 24	77,853	74,195	563	810	7,354	10,501
25 – 44	159,804	154,053	1,298	1,732	16,692	22,252
45 – 64	89,559	89,184	1,580	2,042	20,296	26,213
65 – 69	19,827	21,701	1,416	1,599	18,279	20,591
70 and over	41,513	55,454	989	1,115	12,788	14,364
All Beneficiaries	**514,565**	**514,787**	**925**	**1,203**	**11,932**	**15,483**
D. Dentists						
Under 1	8,098	7,620	2	1	229	59
1 – 4	34,086	32,336	1	1	48	28
5 – 14	83,825	80,244	15	18	919	1,045
15 – 24	77,853	74,195	15	34	852	1,802
25 – 44	159,804	154,053	22	46	1,303	2,672
45 – 64	89,559	89,184	24	36	1,694	2,439
65 – 69	19,827	21,701	19	27	1,300	1,700
70 and over	41,513	55,454	11	11	681	702
All Beneficiaries	**514,565**	**514,787**	**17**	**30**	**1,090**	**1,795**

Note: Includes out-of-province services and costs.

Table 5

Beneficiaries, Payments and Services by Dollar Value of Benefits

Dollar Value of Benefits	1989–90 Number of Beneficiaries	1989–90 % of Beneficiaries	1989–90 % of Payments	1989–90 % of Services	1990–91 Number of Beneficiaries	1990–91 % of Beneficiaries	1990–91 % of Payments	1990–91 % of Services
A. Physicians Only								
$ 0.00[1]	127,959	12.4	–	–	121,482	11.8	–	–
$ 0.01 – $ 25.00	90,159	8.7	0.7	0.8	85,778	8.3	0.6	0.7
$ 25.01 – $ 50.00	106,027	10.2	1.7	2.0	94,501	9.2	1.4	1.6
$ 50.01 – $ 100.00	182,794	17.6	5.7	6.8	176,738	17.2	5.1	6.1
$100.01 – $ 200.00	205,746	19.9	12.8	15.2	204,107	19.8	11.8	14.1
$200.01 – $ 500.00	204,563	19.7	27.7	30.9	213,672	20.8	26.8	30.3
$500.01 – $1,000.00	82,068	7.9	24.6	23.4	88,584	8.6	24.7	23.9
Over $1,000.00	37,546	3.6	26.8	20.9	44,490	4.3	29.6	23.3
Total	**1,036,862**	**100.0**	**100.0**	**100.0**	**1,029,352**	**100.0**	**100.0**	**100.0**
B. Optometrists Only								
$ 0.00[1]	810,938	78.2	–	–	795,314	77.2	–	–
$ 0.01 – $25.00	9,418	0.9	1.8	2.9	10,072	1.0	1.8	3.0
$ 25.01 – $50.00	210,943	20.3	93.3	91.5	218,011	21.2	93.2	91.3
Over $50.00	5,563	0.6	4.9	5.6	5,955	0.6	5.0	5.7
Total	**1,036,862**	**100.0**	**100.0**	**100.0**	**1,029,352**	**100.0**	**100.0**	**100.0**
C. Chiropractors Only								
$ 0.00[1]	916,371	88.4	–	–	904,989	87.9	–	–
$ 0.01 – $ 25.00	29,169	2.8	3.8	3.8	21,007	2.0	2.3	2.2
$ 25.01 – $ 50.00	22,933	2.2	6.8	6.7	26,391	2.6	6.3	6.1
$ 50.01 – $100.00	26,620	2.6	14.9	14.7	30,673	3.0	15.0	14.8
$100.01 – $200.00	23,469	2.2	25.3	25.3	25,995	2.5	25.6	25.6
Over $200.00	18,300	1.8	49.2	49.5	20,297	2.0	50.8	51.3
Total	**1,036,862**	**100.0**	**100.0**	**100.0**	**1,029,352**	**100.0**	**100.0**	**100.0**

[1] The number of beneficiaries in this category is a residual, representing the difference between the number receiving services at any time during the year and the total of beneficiaries at June 30 of the stated year.

Note: Includes out-of-province services and costs.

Table 6

Physician Services and Payments by Age and Sex
(In- and Out-of-Province)

Age Groups	Sex	Population		Per Cent	Average Per Person Insured		Average Per Person Treated		Average
		Insured[1]	Treated[2]	Treated	Services	Cost	Services	Cost	Payment Per Service
Under 1	M	8,098	10,332	100.00	16.13	362.25	12.64	283.92	22.46
	F	7,620	9,669	100.00	14.05	302.37	11.07	238.29	21.52
	T	15,718	20,001	100.00	15.12	333.22	11.88	261.86	22.04
1 – 4	M	34,086	33,316	97.74	10.86	208.36	11.11	213.17	19.18
	F	32,336	31,386	97.06	9.63	179.87	9.92	185.31	18.68
	T	66,422	64,702	97.41	10.26	194.49	10.53	199.66	18.95
5 – 9	M	43,021	37,160	86.38	6.96	122.71	8.06	142.06	17.62
	F	41,279	35,893	86.95	6.73	116.13	7.74	133.56	17.26
	T	84,300	73,053	86.66	6.85	119.49	7.90	137.88	17.45
10 – 14	M	40,804	32,994	80.86	6.23	104.14	7.71	128.79	16.71
	F	38,965	32,066	82.29	6.64	108.17	8.07	131.45	16.29
	T	79,769	65,060	81.56	6.43	106.11	7.89	130.10	16.50
15 – 19	M	39,146	33,279	85.01	6.53	120.73	7.69	142.01	18.48
	F	37,455	37,513	100.00	12.77	217.09	12.76	216.75	16.99
	T	76,601	70,792	92.42	9.59	167.84	10.37	181.62	17.51
20 – 24	M	38,707	28,631	73.97	6.06	117.67	8.20	159.08	19.40
	F	36,740	36,310	98.83	18.28	316.64	18.50	320.39	17.32
	T	75,447	64,941	86.07	12.01	214.56	13.96	249.28	17.86
25 – 29	M	44,458	32,484	73.07	6.38	121.81	8.73	166.71	19.11
	F	43,221	41,877	96.89	19.86	355.08	20.50	366.48	17.88
	T	87,679	74,361	84.81	13.02	236.80	15.36	279.21	18.18
30 – 34	M	44,020	32,922	74.79	6.94	136.08	9.28	181.95	19.61
	F	42,713	40,185	94.08	17.30	316.68	18.39	336.60	18.30
	T	86,733	73,107	84.29	12.04	225.02	14.29	266.96	18.69
35 – 39	M	39,332	30,144	76.64	7.49	147.95	9.77	193.04	19.77
	F	37,269	34,226	91.84	14.83	271.96	16.15	296.14	18.33
	T	76,601	64,370	84.03	11.06	208.28	13.16	247.86	18.83
40 – 44	M	31,994	24,533	76.68	8.38	166.07	10.93	216.57	19.81
	F	30,850	27,941	90.57	14.52	267.26	16.03	295.08	18.41
	T	62,844	52,474	83.50	11.39	215.74	13.65	258.38	18.93
45 – 49	M	24,701	18,889	76.47	9.52	188.06	12.45	245.92	19.75
	F	24,043	21,419	89.09	15.51	290.33	17.42	325.90	18.71
	T	48,744	40,308	82.69	12.48	238.50	15.09	288.42	19.11
50 – 54	M	21,684	17,017	78.48	10.96	222.60	13.96	283.65	20.31
	F	21,467	19,596	91.28	16.42	310.78	17.99	340.45	18.92
	T	43,151	36,613	84.85	13.68	266.47	16.12	314.05	19.48
55 – 59	M	21,771	17,679	81.20	12.80	265.19	15.76	326.58	20.72
	F	21,566	19,196	89.01	16.88	320.30	18.97	359.85	18.97
	T	43,337	36,875	85.09	14.83	292.62	17.43	343.90	19.73
60 – 64	M	21,403	18,106	84.60	14.91	315.25	17.62	372.65	21.15
	F	22,108	20,011	90.51	17.58	339.11	19.42	374.65	19.29
	T	43,511	38,117	87.60	16.27	327.37	18.57	373.70	20.13
65 – 69	M	19,827	17,685	89.20	18.15	391.80	20.34	439.25	21.59
	F	21,701	20,005	92.18	19.30	382.70	20.94	415.14	19.83
	T	41,528	37,690	90.76	18.75	387.04	20.66	426.46	20.64
70 – 74	M	16,334	15,064	92.22	21.52	461.17	23.33	500.05	21.43
	F	19,584	18,465	94.29	21.97	431.38	23.31	457.52	19.63
	T	35,918	33,529	93.35	21.77	444.92	23.32	476.63	20.44
75 and over	M	25,179	25,498	100.00	29.41	550.11	29.04	543.23	18.71
	F	35,870	36,441	100.00	30.32	526.74	29.84	518.49	17.37
	T	61,049	61,939	100.00	29.94	536.38	29.51	528.67	17.91
Total all ages	**M**	**514,565**	**425,733**	**82.74**	**10.14**	**199.25**	**12.26**	**240.83**	**19.64**
	F	**514,787**	**482,199**	**93.67**	**15.77**	**287.21**	**16.84**	**306.62**	**18.21**
	T	**1,029,352**	**907,932**	**88.20**	**12.96**	**243.24**	**14.69**	**275.77**	**18.77**

[1] As at June 30, 1990.

[2] Population treated at any time during the fiscal year.

Table 7

Services by Type of Service

Type of Service[1]	Number of Services (000's) 1989–90	Number of Services (000's) 1990–91	Number of Services Per 1,000 Beneficiaries 1989–90	Number of Services Per 1,000 Beneficiaries 1990–91	Per Cent Change 1989–90 to 1990–91
In-Province Physician Services	**12,617.3**	**12,908.8**	**12,169**	**12,541**	**3.06**
Complete Assessments	379.4	373.8	366	363	-0.82
Partial Assessments	4,044.1	4,118.4	3,900	4,001	2.59
Minor Assessments	156.2	164.6	151	160	5.96
Special Calls	634.3	632.9	612	615	0.49
Hospital Care	1,143.4	1,111.5	1,103	1,080	-2.09
Psychotherapy	272.7	264.9	263	257	-2.28
	6,630.1	6,666.1	6,395	6,476	1.27
Consultations	428.6	449.1	413	437	5.81
Laboratory Services	3,003.2	3,117.3	2,896	3,029	4.59
Diagnostic Radiology	249.9	268.1	241	260	7.88
Other Diagnostic Procedures	1,195.1	1,248.8	1,153	1,213	5.20
	4,448.2	4,634.2	4,290	4,502	4.94
Major Surgery	100.5	100.8	97	98	1.03
Minor Surgery	282.0	291.0	272	283	4.04
Obstetrics	21.0	22.9	20	22	10.00
Anaesthesia	227.8	238.5	220	232	5.45
Surgical Assistance	64.5	70.0	62	68	9.68
	695.8	723.2	671	703	4.77
Major Therapeutic Procedures	77.4	86.5	75	84	12.00
Minor Therapeutic Procedures	320.7	331.9	309	322	4.21
	398.1	418.4	384	406	5.73
Refractions by Physicians	16.5	17.8	16	17	6.25
In-Province Dental Services	**26.6**	**24.3**	**26**	**24**	**-7.69**
In-Province Optometric Services	**318.7**	**332.1**	**307**	**323**	**5.21**
Refractions by Optometrists	214.7	221.9	207	216	4.35
Other Optometric Services	104.0	110.2	100	107	7.00
In-Province Chiropractor Services	**1,039.1**	**1,066.9**	**1,002**	**1,036**	**3.39**
Chiropractic Visit Services	1,028.1	1,057.6	992	1,027	3.53
Chiropractic X-Ray Services	11.0	9.3	10	9	-10.00
Out-of-Province Services					
Physician Services	381.0	428.5	367	416	13.35
Dental Services	0.1	0.1	–	–	–
Optometric Services	5.2	5.2	5	5	–
Chiropractor Services	26.8	28.6	26	28	7.69
All Services	**14,414.8**	**14,794.5**	**13,902**	**14,373**	**3.39**

[1] The "Introductory Notes", page 8, describe inclusions in these classifications.

Table 8

Payments by Type of Service

Type of Service[1]	Dollar Payments (000's) 1989–90	Dollar Payments (000's) 1990–91	Dollar Payments Per 1,000 Beneficiaries 1989–90	Dollar Payments Per 1,000 Beneficiaries 1990–91	Per Cent Change 1989–90 to 1990–91
In-Province Physician Services	**220,648**	**238,233**	**212,804**	**231,439**	**8.76**
Complete Assessments	12,746	12,963	12,293	12,594	2.45
Partial Assessments	70,048	74,723	67,558	72,592	7.45
Minor Assessments	2,663	2,939	2,568	2,855	11.18
Special Calls	10,202	10,629	9,840	10,326	4.94
Hospital Care	10,882	11,038	10,495	10,723	2.17
Psychotherapy	6,125	6,180	5,907	6,003	1.63
	112,666	118,472	108,661	115,093	5.92
Consultations	22,344	24,240	21,550	23,549	9.28
Laboratory Services	17,156	19,644	16,546	19,084	15.34
Diagnostic Radiology	8,179	9,144	7,888	8,883	12.61
Other Diagnostic Procedures	16,073	18,472	15,501	17,945	15.77
	41,408	47,260	39,935	45,912	14.97
Major Surgery	20,618	21,787	19,885	21,166	6.44
Minor Surgery	3,535	3,931	3,409	3,819	12.03
Obstetrics	3,702	4,749	3,571	4,613	29.18
Anaesthesia	9,917	10,828	9,565	10,519	9.97
Surgical Assistance	1,973	2,104	1,902	2,044	7.47
	39,745	43,399	38,332	42,161	9.99
Major Therapeutic Procedures	2,132	2,344	2,056	2,277	10.75
Minor Therapeutic Procedures	1,919	2,041	1,851	1,983	7.13
	4,051	4,385	3,907	4,260	9.04
Refractions by Physicians	434	477	419	464	10.74
In-Province Dental Services	**1,399**	**1,478**	**1,349**	**1,435**	**6.38**
In-Province Optometric Services	**7,849**	**8,416**	**7,570**	**8,176**	**8.01**
Refractions by Optometrists	6,872	7,340	6,627	7,131	7.61
Other Optometric Services	977	1,076	943	1,045	10.82
In-Province Chiropractor Services	**12,894**	**13,747**	**12,435**	**13,355**	**7.40**
Chiropractic Visit Services	12,665	13,547	12,215	13,161	7.74
Chiropractic X-Ray Services	229	200	220	194	-11.82
Out-of-Province Services					
Physician Services	10,657	12,146	10,278	11,800	14.81
Dental Services	14	14	14	14	–
Optometric Services	142	146	137	142	3.65
Chiropractor Services	324	363	313	353	12.78
All Services	**253,927**	**274,543**	**244,900**	**266,714**	**8.91**

[1] The "Introductory Notes", page 8, describe inclusions in these classifications.

Table 9

Average Payment Per Service by Type of Service and Type of Practitioner

Type of Service[1]	1989–90 General Practitioners ($)	1989–90 Specialists ($)	1989–90 All Practitioners ($)	1990–91 General Practitioners ($)	1990–91 Specialists ($)	1990–91 All Practitioners ($)
In-Province Physician Services	**14.81**	**21.93**	**17.49**	**15.77**	**22.49**	**18.46**
Complete Assessments	32.14	46.25	33.60	32.94	49.30	34.68
Partial Assessments	17.09	22.74	17.32	17.90	23.71	18.14
Minor Assessments	–	17.05	17.05	–	17.85	17.85
Special Calls	15.64	19.99	16.08	15.99	23.86	16.79
Hospital Care	8.77	11.50	9.52	9.16	11.95	9.93
Psychotherapy	17.73	31.12	22.46	18.21	32.11	23.33
	16.66	19.31	16.99	17.38	20.49	17.77
Consultations	37.59	53.53	52.14	39.55	55.36	53.97
Laboratory Services	3.25	7.10	5.71	3.15	7.60	6.30
Diagnostic Radiology	–	32.73	32.73	–	34.12	34.12
Other Diagnostic Procedures	8.32	14.96	13.45	8.82	16.40	14.79
	4.27	11.51	9.31	4.43	12.15	10.20
Major Surgery	104.17	227.81	205.20	106.60	239.20	216.17
Minor Surgery	11.00	23.88	12.53	11.95	23.78	13.51
Obstetrics	166.91	191.10	176.43	203.63	212.90	207.54
Anaesthesia	41.98	43.99	43.53	43.24	46.05	45.40
Surgical Assistance	30.25	34.35	30.60	29.78	32.85	30.06
	27.49	95.02	57.12	29.47	98.24	60.01
Major Therapeutic Procedures	32.75	26.61	27.53	30.55	26.35	27.09
Minor Therapeutic Procedures	5.51	8.87	5.98	5.62	9.17	6.15
	6.61	19.39	10.18	6.90	19.30	10.48
Refractions by Physicians	24.33	30.05	26.34	25.13	31.32	26.84
In-Province Dental Services	**–**	**–**	**52.56**	**–**	**–**	**60.86**
In-Province Optometric Services	**–**	**–**	**24.63**	**–**	**–**	**25.34**
Refractions by Optometrists	–	–	32.01	–	–	33.07
Other Optometric Services	–	–	9.40	–	–	9.76
In-Province Chiropractor Services	**–**	**–**	**12.41**	**–**	**–**	**12.88**
Chiropractic Visit Services	–	–	12.32	–	–	12.81
Chiropractic X-Ray Services	–	–	20.78	–	–	21.52
Out-of-Province Services						
Physician Services	22.14	33.55	27.97	22.32	34.31	28.34
Dental Services	–	–	115.67	–	–	148.54
Optometric Services	–	–	27.56	–	–	27.98
Chiropractor Services	–	–	12.13	–	–	12.72
All Services	**14.98**	**22.39**	**17.62**	**15.94**	**22.96**	**18.56**

[1] The "Introductory Notes", page 8, describe inclusions in these classifications.

Table 10

Per Cent of Services and Payments by Type of Service

Type of Service[1]	Per Cent of Total Services		Per Cent of Total Payments	
	1989–90	1990–91	1989–90	1990–91
In-Province Physician Services	**87.53**	**87.25**	**86.89**	**86.77**
Complete Assessments	2.63	2.53	5.02	4.72
Partial Assessments	28.06	27.84	27.59	27.22
Minor Assessments	1.09	1.11	1.05	1.07
Special Calls	4.40	4.28	4.02	3.87
Hospital Care	7.93	7.51	4.28	4.02
Psychotherapy	1.89	1.79	2.41	2.25
	46.00	45.06	44.37	43.15
Consultations	2.97	3.03	8.80	8.83
Laboratory Services	20.83	21.07	6.76	7.15
Diagnostic Radiology	1.74	1.81	3.22	3.33
Other Diagnostic Procedures	8.29	8.44	6.33	6.73
	30.86	31.32	16.31	17.21
Major Surgery	0.70	0.68	8.12	7.94
Minor Surgery	1.95	1.97	1.39	1.43
Obstetrics	0.15	0.16	1.46	1.73
Anaesthesia	1.58	1.61	3.90	3.94
Surgical Assistance	0.45	0.47	0.78	0.77
	4.83	4.89	15.65	15.81
Major Therapeutic Procedures	0.54	0.59	0.84	0.86
Minor Therapeutic Procedures	2.22	2.24	0.75	0.74
	2.76	2.83	1.59	1.60
Refractions by Physicians	0.11	0.12	0.17	0.17
In-Province Dental Services	**0.18**	**0.16**	**0.55**	**0.54**
In-Province Optometric Services	**2.21**	**2.25**	**3.09**	**3.07**
Refractions by Optometrists	1.49	1.50	2.71	2.68
Other Optometric Services	0.72	0.75	0.38	0.39
In-Province Chiropractor Services	**7.21**	**7.21**	**5.08**	**5.01**
Chiropractic Visit Services	7.13	7.15	4.99	4.94
Chiropractic X-Ray Services	0.08	0.06	0.09	0.07
Out-of-Province Services				
Physician Services	2.64	2.90	4.20	4.42
Dental Services	–	–	0.01	0.01
Optometrist Services	0.04	0.04	0.05	0.05
Chiropractor Services	0.19	0.19	0.13	0.13
All Services	**100.00**	**100.00**	**100.00**	**100.00**

[1] The "Introductory Notes", page 8, describe inclusions in these classifications.

Table 11

Payments (000's) for Out-of-Province Physician Services by Location and Type of Practitioner

Type of Practitioner	All Locations	Location of Services: Maritimes & Territories	Quebec	Ontario	Manitoba	Alberta	British Columbia	United States	Rest of the World
General Practitioners	**4,762.7**	**80.7**	**20.7**	**298.6**	**1,037.9**	**2,380.4**	**767.0**	**149.2**	**28.2**
Specialists									
Paediatricians and Medical Geneticists	304.9	2.8	1.8	43.6	31.9	140.5	41.7	42.5	0.1
Internists and Physiatrists	993.3	3.8	8.1	93.9	82.0	462.4	114.4	224.6	4.1
Neurologists	89.7	0.7	3.6	8.1	11.7	30.9	17.4	16.6	0.7
Psychiatrists	177.1	1.5	4.2	40.7	24.8	43.9	33.5	28.4	0.1
Dermatologists	70.3	0.6	1.2	6.9	9.3	39.4	10.3	2.5	0.1
Anaesthetists	734.7	1.8	15.1	111.6	50.4	398.5	89.4	66.9	1.0
General and Thoracic Surgeons	1,221.5	4.5	0.8	104.0	69.5	446.6	86.2	508.6	1.3
Orthopaedic Surgeons	313.2	2.6	6.3	30.7	23.5	178.3	47.8	22.5	1.5
Plastic and Reconstructive Surgeons	123.2	0.4	5.2	13.0	9.4	47.3	12.0	35.9	–
Neurological Surgeons	89.3	0.5	22.8	17.2	7.6	22.5	11.5	7.0	0.2
Obstetricians and Gynaecologists	319.6	4.2	3.9	23.2	62.4	176.3	38.3	9.1	2.2
Urological Surgeons	183.3	0.2	0.3	14.8	37.4	102.6	20.4	7.5	0.1
Ophthalmologists	866.4	1.9	1.0	13.3	41.2	712.5	76.3	19.1	1.1
Otolaryngologists	133.4	2.0	0.3	19.8	16.3	64.2	20.9	8.8	1.1
Pathologists	1,085.6	–	0.1	41.8	48.8	807.4	110.2	75.5	1.8
Diagnostic Radiologists	677.8	0.2	1.4	26.5	22.9	236.5	42.4	346.0	1.9
All Physicians	**12,146.0**	**108.4**	**96.8**	**907.7**	**1,587.0**	**6,290.2**	**1,539.7**	**1,570.7**	**45.5**

Table 12

In-Province Physician Services by Type of Service and Type of Practitioner

Type of Service (000's)	Type of Practitioner							
	General Practitioners	Paediatricians and Medical Geneticists	Internists and Physiatrists	Neurologists	Psychiatrists	Dermatologists	General Surgeons	Thoracic Surgeons
Visits								
Consultations	39.0	29.5	86.7	17.4	10.3	11.1	45.1	3.8
Special Eye Examination	12.9	–	–	–	–	–	–	–
Major Assessments	333.3	18.6	19.8	1.4	4.9	0.3	8.2	0.3
Other Assessments	4,174.4	50.6	56.2	2.3	8.1	8.6	28.6	1.1
Hospital								
Newborn, Premature	11.5	3.9	–	–	–	–	–	–
Other	792.5	33.1	168.5	12.9	32.2	0.5	27.5	2.0
Special Calls and Emergency	343.3	8.9	14.0	1.3	1.8	0.2	9.0	0.3
Psychotherapy								
Base Time[1]	95.9	0.1	0.2	–	66.2	–	0.1	–
Additional Time	71.6	0.2	0.2	–	40.4	–	0.1	–
Major Surgery	10.9	–	0.1	–	–	–	13.6	5.0
Minor Surgery	296.8	2.1	0.2	–	–	13.8	8.1	0.2
Surgical Assistance								
Base Time[1]	21.1	–	–	–	–	–	0.8	0.1
Additional Time	42.5	–	–	–	–	–	1.7	0.4
Obstetrics	16.1	2.2	–	–	–	–	–	–
Anaesthesia								
Base Time[1]	22.2	0.3	–	–	–	–	–	–
Additional Time	26.7	1.0	–	–	–	–	–	–
Nerve Blocks	3.5	0.1	0.2	–	–	–	0.1	–
Diagnostic Radiology	–	–	–	–	–	–	–	–
Pathology/Laboratory Services	772.0	13.2	3.5	–	–	0.4	3.7	–
Diagnostic Ultrasound	1.8	1.8	14.3	–	–	–	–	–
Other Diagnostic and Therapeutic Services	493.5	275.3	329.4	10.3	3.1	15.0	26.8	2.9
Special Services	163.7	0.1	0.4	–	–	0.4	9.4	–
Miscellaneous Services	0.9	0.3	–	–	0.9	–	–	–
Total Services	**7,746.1**	**441.3**	**693.7**	**45.6**	**167.9**	**50.3**	**182.8**	**16.1**

[1] Represents the number of instances these types of services were provided during the year.

Note: Services are grouped using a common national grouping. Out-of-hours premiums are counted as services.

Table 12
(Continued)

Type of Practitioner										
Ortho-paedic Surgeons	Plastic and Recon-structive Surgeons	Neuro-logical Surgeons	Urological Surgeons	Obstetri-cians and Gynaeco-logists	Ophthal-mologists	Otolaryn-gologists	Anaes-thetists	Pathol-ogists	Diagnostic Radiolo-gists	Total Services
42.4	13.8	8.5	15.5	45.7	47.1	30.0	2.4	–	–	**448.3**
–	–	–	–	–	4.9	–	–	–	–	**17.8**
3.4	0.4	0.6	2.1	8.3	10.3	12.5	–	–	–	**424.4**
21.6	3.0	1.3	8.6	39.9	23.4	21.6	2.2	–	–	**4,451.5**
–	–	–	–	–	–	–	–	–	–	**15.4**
8.0	0.5	7.1	1.7	7.2	1.2	1.0	–	–	–	**1,096.0**
4.2	1.0	1.1	0.6	11.8	1.0	0.9	13.6	–	0.1	**413.1**
–	–	–	–	1.4	–	–	–	–	–	**163.9**
–	–	–	–	1.1	–	–	–	–	–	**113.6**
13.4	5.1	2.3	5.0	6.6	11.8	8.5	–	–	–	**82.3**
2.0	9.8	0.1	1.1	3.2	3.9	2.4	–	–	–	**343.7**
0.1	0.1	0.1	0.3	0.3	–	–	–	–	–	**22.9**
0.4	0.1	0.9	0.4	0.6	–	0.1	–	–	–	**47.1**
–	–	–	–	12.2	–	–	–	–	–	**30.5**
–	–	–	–	–	–	–	55.9	–	–	**78.4**
–	–	–	–	–	–	–	122.0	–	–	**149.7**
0.3	–	0.2	–	–	–	–	6.0	–	0.1	**10.5**
–	–	–	–	–	–	–	–	–	268.0	**268.0**
–	–	–	5.8	34.0	–	–	–	2,128.6	–	**2,961.2**
–	–	–	–	3.0	5.8	–	–	–	58.6	**85.3**
5.6	0.5	0.2	16.2	17.5	105.4	162.1	19.5	8.2	8.5	**1,500.0**
–	0.3	–	–	22.2	–	–	–	–	–	**196.5**
–	–	–	–	–	–	–	–	–	–	**2.1**
101.4	**34.7**	**22.4**	**57.3**	**215.0**	**214.8**	**239.1**	**221.6**	**2,136.8**	**335.3**	**12,922.2**

Table 13

Patients, Services and Payments for Selected In-Province Medical Procedures

Type of Procedure	Number of Services	Rate Per 1,000 Beneficiaries			Per Cent Change in Services/1000 1989–90 to 1990–91
		Patients	Payments	Services	
Allergy Investigation and Hyposensitization Injections	621,940	18.72	1,431.71	604.21	0.38
Electrocardiograms, Vectorcardiograms and Echocardiograms	352,444	153.95	4,850.78	342.39	-0.68
Submission of Papanicolau Smear	161,660	270.26 f	1,035.89 f	314.03 f	0.29
Removal of Cysts, Granulomata, Keratoses, Moles, Papilloma, Scars, Tumors or Warts	53,238	36.04	1,274.86	51.72	3.46
Suturing of Wounds	32,979	30.13	1,194.20	32.04	-1.35
Plantar Wart Excision or Fulguration	16,059	8.56	227.92	15.60	11.27
Delivery — Vaginal	12,560	24.14 f	6,284.87 f	24.40 f	-3.06
— Caesarean	2,670	5.18 f	1,878.61 f	5.19 f	-1.33
Artificial Extra Corporeal Haemodialysis	13,034	0.28	469.19	12.66	-4.88
Arthrocentesis — Joint Injections Shoulder, Elbow, Knee	10,915	7.42	151.19	10.60	-2.03
Cystoscopy	10,057	8.81	539.91	9.77	9.65
Dilatation and Curettage	7,233	13.72 f	954.14 f	14.05 f	-1.82
Fractures, Open Surgical or Closed Reduction	5,835	4.98	1,201.26	5.67	-3.08
Electroencephalograms or Echoencephalograms	5,102	4.37	101.84	4.96	-6.06
Sigmoidoscopy	5,087	4.56	131.59	4.94	-11.79
Cataract Extraction	4,862	4.36	2,214.34	4.72	12.92
Cardiac Catheterization	3,199	1.98	319.27	3.11	7.61
Tubal Ligation	3,152	6.12 f	1,064.97 f	6.12 f	-5.56
Tonsillectomy (With or Without Adenoidectomy)	2,778	2.66	259.08	2.70	-12.34
Herniotomy, Inguinal, Femoral or Umbilical – Simple, Strangulated or Recurrent	2,762	2.46	703.61	2.68	-2.19
Vasectomy	2,512	4.86 m	671.07 m	4.88 m	7.02
Gall Bladder or Other Biliary Tract Surgery	2,333	2.24	1,008.70	2.27	-1.30
Psychological Testing	2,113	1.99	52.64	2.05	-5.96
Hysterectomy — Abdominal	1,464	2.84 f	975.67 f	2.84 f	-3.07
— Vaginal	369	0.71 f	272.50 f	0.72 f	-7.69
Arthroplasty — Total Hip Replacement	885	0.72	569.46	0.86	-1.15
— Total Knee Replacement	719	0.62	458.55	0.70	29.63
Prostatectomy (With or Without Vasectomy)	1,532	2.95 m	1,282.90 m	2.98 m	-2.61
Septoplasty or Submucous Resection	1,451	1.40	400.38	1.41	6.82
Therapeutic Abortion	1,336	2.56 f	266.84 f	2.60 f	9.24
Genital Prolapse Repair	1,108	2.02 f	572.47 f	2.15 f	1.90
Appendectomy	1,093	1.06	284.43	1.06	2.91
Varicose Veins (Ligation)	1,035	0.41	95.30	1.01	-12.17
Electroconvulsive Therapy	1,005	0.15	26.93	0.98	-7.55
Coronary By-Pass	727	0.46	1,020.84	0.71	16.39
Spinal Disc Excision	688	0.65	400.98	0.67	11.67
Salpingectomy, Oophorectomy and/or Ovarian Cystectomy	448	0.86 f	241.11 f	0.87 f	-16.35
Strabismus Operation	280	0.24	62.64	0.27	-22.86
Peptic Ulcer Surgery	205	0.19	102.63	0.20	-9.09

f Rate per 1,000 female beneficiaries.

m Rate per 1,000 male beneficiaries.

Table 14

Patients, Services and Payments for Selected In-Province Medical Conditions

Conditions	I.C.D.[1]	Number of Services (000's)	Rate Per 1,000 Beneficiaries		
			Patients	Payments	Services
General Medical Examination — No Specific Diagnosis	V70	579	196.8	8,047	563
Acute Upper Respiratory Infection (Except Influenza)	460 – 465	539	261.1	9,223	524
Hypertension	401 – 405	282	71.9	4,799	274
Diseases Affecting Genitourinary Tract	580 – 599, 788	247	68.7	4,948	240
Otitis Media	381 & 382	247	85.1	4,313	240
Ischaemic Heart Disease	410 – 414	228	29.5	5,339	222
Bronchitis	466, 490 & 491	216	105.8	3,554	210
Diabetes Mellitus	250	187	23.0	2,562	181
Asthma	493	186	27.7	2,152	181
Arthritis	710 – 716	175	53.3	3,993	170
Hay Fever	477	166	17.1	1,012	161
Chronic Sinusitis and Other Respiratory Symptoms	473 & 786	158	64.9	3,247	153
Neuroses	300	155	49.7	3,142	151
Rheumatic Disease	725 – 729	149	80.2	3,286	145
Eczema	690 – 692	127	63.8	1,962	123
Cerebrovascular Disease	430 – 438	116	8.7	1,406	113
Psychoses	295 – 299	115	10.2	2,410	112
Symptomatic Heart Disease	428 & 429	109	14.1	1,583	106
Diarrheal Disease	009	100	42.6	1,775	97
Pneumonia	480 – 486	94	19.1	1,432	92
Disorders of Menstruation	Z08* & 626	89	67.7[f]	3,326[f]	172[f]
Infective Disease of Uterus (Except Cervix), Vagina, and Vulva	615 & 616	85	65.5[f]	2,903[f]	165[f]
Vertebrogenic Pain Syndrome	724	75	36.2	1,526	73
Cataract	366	65	16.0	3,369	63
Chronic Airways Obstruction	496	64	8.9	965	62
Anaemias	280 – 285	58	13.8	856	56
Cardiac Disrhythmias	427	51	11.5	1,007	49
Cellulitis and Abscess	681 & 682	49	22.8	862	47
Influenza	487	46	30.0	742	45
Glaucoma	365	44	9.0	783	43
Gastritis and Duodenitis	535	43	21.9	752	42
Migraine	346	37	11.1	599	36
Ulcers of Duodenum and Stomach	531 – 534	30	12.1	668	29
Refractive Errors	367	29	16.1	620	28
Menopausal Symptoms	627	27	23.1[f]	1,011[f]	53[f]
Obesity	278	27	11.9	467	26
Alcoholic Psychosis and Alcoholism	291 & 303	27	4.7	465	26
Myxedema	244	25	10.5	423	24
Disorders of Functions of Stomach	536 & 537	24	13.1	435	23
Varicose Veins of Lower Extremity	454	22	4.8	443	22
Epilepsy	345	17	4.2	304	16

[1] Ninth Revision International Classification of Diseases, 1977.

Note: MCIB records only one diagnosis of symptoms per claim even though the patient may have more than one condition.

* MCIB internally assigned code for the identification of a specific condition which is grouped within a general category in the I.C.D.

[f] Rate per 1,000 female beneficiaries.

Table 15

Turnover of Physicians

	General Practitioners		Specialists		All Physicians	
	Number	Per Cent Turnover	Number	Per Cent Turnover	Number	Per Cent Turnover
Practising in 1985–86[1]	704		373		1,077	
		9.8		7.5		9.0
Still Practising in 1986–87[2]	635		345		980	
Practising in 1986–87[1]	727		390		1,117	
		11.0		9.2		10.4
Still Practising in 1987–88[2]	647		354		1,001	
Practising in 1987–88[1]	750		387		1,137	
		13.3		11.1		12.6
Still Practising in 1988–89[2]	650		344		994	
Practising in 1988–89[1]	739		386		1,125	
		12.4		6.0		10.2
Still Practising in 1989–90[2]	647		363		1,010	
Practising in 1989–90[1]	722		410		1,132	
		10.7		5.9		8.9
Still Practising in 1990–91[2]	645		386		1,031	
Practising in 1990–91[1]	731		432		1,163	

[1] Physicians receiving $10,000 or more in the fourth quarter and practising in Saskatchewan at the end of the fiscal year.

[2] Physicians receiving $10,000 or more in the fourth quarter of two consecutive years and practising in Saskatchewan at the end of both fiscal years.

Note: The net number of physicians who entered practice in 1990–91 was 132, the difference between "Practising" (1,163) and "Still Practising" (1,031).

Table 16

Practitioners in Relation to Population and Practice Size

Type of Practitioner[1]	Number of Practitioners		Population Per Practitioner (000's)		Average Number of Patients Per Practitioner[2] (000's)		Average Patient Contacts Per Practitioner[3] (000's)		Per Cent of Beneficiaries Treated	
	1989–90	1990–91	1989–90	1990–91	1989–90	1990–91	1989–90	1990–91	1989–90	1990–91
General Practitioners[4]	**718**	**720**	**1.4**	**1.4**	**2.3**	**2.4**	**7.4**	**7.5**	**83.0**	**83.4**
Specialists[4]										
Paediatricians and Medical Geneticists	31	30	33.4	34.3	1.6	1.6	4.6	4.6	4.3	4.3
Internists and Physiatrists	74	74	14.0	13.9	2.3	2.3	5.0	4.9	11.6	12.0
Neurologists	8	8	129.6	128.7	2.6	2.6	4.2	4.2	1.9	1.9
Psychiatrists	27	30	38.4	34.3	0.5	0.5	4.3	3.9	1.2	1.3
Dermatologists	4	5	259.2	205.9	2.3	2.4	5.9	6.9	1.0	1.2
Anaesthetists	51	54	20.3	19.1	1.1	1.1	1.6	1.5	4.8	4.9
General Surgeons	46	49	22.5	21.0	1.1	1.1	3.0	3.1	4.7	5.0
Thoracic Surgeons	6	7	172.8	147.1	0.9	0.9	1.7	1.8	0.4	0.5
Orthopaedic Surgeons	24	27	43.2	38.1	1.8	1.6	3.8	3.4	3.8	3.9
Plastic and Reconstructive Surgeons	11	11	94.3	93.6	1.4	1.4	2.7	2.8	1.5	1.5
Neurological Surgeons	6	6	172.8	171.6	1.2	1.2	3.1	3.4	0.6	0.7
Obstetricians and Gynaecologists	34	32	30.5	32.2	1.4	1.5	3.7	4.1	4.1	4.1
Urological Surgeons	14	15	74.1	68.6	1.6	1.5	2.4	2.5	1.8	1.9
Ophthalmologists	22	21	47.1	49.0	2.3	2.5	4.3	4.8	4.3	4.8
Otolaryngologists	12	11	86.4	93.6	3.0	3.1	6.5	6.8	3.4	3.3
Pathologists	9	10	115.2	102.9	31.1	34.5	–	–	27.7	29.8
Diagnostic Radiologists	33	34	31.4	30.3	5.8	6.1	–	–	15.4	16.3
All Specialists[4]	**412**	**424**	**2.5**	**2.4**	**2.6**	**2.7**	**3.7**	**3.7**	**47.8**	**49.7**
All Physicians[4]	**1,130**	**1,144**	**0.9**	**0.9**	**2.4**	**2.5**	**6.2**	**6.2**	**85.4**	**85.8**
Registered Physicians[5]	1,475	1,498	0.7	0.7	–	–	–	–	–	–
Optometrists[4]	**88**	**85**	**11.8**	**12.1**	**2.5**	**2.6**	**2.5**	**2.7**	**21.3**	**22.3**
Registered Optometrists[5]	102	103	10.2	10.0	–	–	–	–	–	–
Chiropractors[4]	**104**	**108**	**10.0**	**9.5**	**1.4**	**1.4**	**9.7**	**9.6**	**11.4**	**11.8**
Registered Chiropractors[5]	113	122	9.2	8.4	–	–	–	–	–	–

[1] Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[2] The size of practice is the number of different persons on whose behalf a claim was paid during the year.

[3] A patient contact represents each time a practitioner saw a patient professionally regardless of the number of services provided at the time. Services which could be billed in addition to an office visit are excluded. In surgical cases, the patient contacts are understated since most of these procedures are a composite of procedure and pre- and post-operative care. Since patient contacts are not normally made by Pathologists or Radiologists, these two specialties are excluded.

[4] Practitioners receiving $40,000 or more in MCIB payments during the year and practising in Saskatchewan under MCIB coverage at the end of the year.

[5] Registered Practitioners:
Resident Saskatchewan Physicians as shown by the College of Physicians and Surgeons of Saskatchewan at the end of the year.
Resident Saskatchewan Optometrists as shown by the Saskatchewan Association of Optometrists at the end of the year.
Resident Saskatchewan Chiropractors as shown by the Chiropractors' Association of Saskatchewan at the end of the year.

Table 17

Practitioners by Size of Practice

Type of Practitioner[1]	Number of Practitioners[2]	Size of Practice by Range of Patients[3] Less than 500	500–1,000	1,001–1,500	1,501–2,000	2,001–2,500	2,501–3,000	3,001–3,500	More than 3,500
General Practitioners									
Urban:	502	8	25	94	90	88	66	39	92
Association	387	2	11	61	70	74	56	33	80
Solo	115	6	14	33	20	14	10	6	12
Rural:	218	1	16	40	45	41	37	21	17
Association	112	–	1	9	21	25	28	16	12
Solo	106	1	15	31	24	16	9	5	5
All General Practitioners 1990–91	**720**	**9**	**41**	**134**	**135**	**129**	**103**	**60**	**109**
All General Practitioners 1989–90	718	13	39	125	139	131	122	52	97
Specialists									
Paediatricians and Medical Geneticists	30	2	6	6	7	3	3	3	–
Internists and Physiatrists	74	11	13	6	8	5	11	6	14
Neurologists	8	–	1	3	1	–	1	–	2
Psychiatrists	30	18	8	4	–	–	–	–	–
Dermatologists	5	–	1	1	–	1	1	–	1
Anaesthetists	54	2	21	23	8	–	–	–	–
General Surgeons	49	5	16	20	6	2	–	–	–
Thoracic Surgeons	7	1	4	1	1	–	–	–	–
Orthopaedic Surgeons	27	–	4	9	8	5	–	–	1
Plastic and Reconstructive Surgeons	11	1	2	3	4	1	–	–	–
Neurological Surgeons	6	–	2	2	2	–	–	–	–
Obstetricians and Gynaecologists	32	–	7	7	12	5	1	–	–
Urological Surgeons	15	1	2	4	5	2	1	–	–
Ophthalmologists	21	–	1	2	3	6	4	2	3
Otolaryngologists	11	1	–	2	1	–	1	1	5
Pathologists	10	–	–	–	–	–	–	–	10
Diagnostic Radiologists	34	1	–	4	1	2	2	2	22
All Specialists 1990–91	**424**	**43**	**88**	**97**	**67**	**32**	**25**	**14**	**58**
All Specialists 1989–90	412	36	84	101	75	33	15	15	53
All Physicians 1990–91	**1,144**	**52**	**129**	**231**	**202**	**161**	**128**	**74**	**167**
All Physicians 1989–90	1,130	49	123	226	214	164	137	67	150
Optometrists 1990–91	**85**	**–**	**–**	**10**	**14**	**24**	**17**	**10**	**10**
Optometrists 1989–90	88	–	–	15	13	23	20	9	8
Chiropractors 1990–91	**108**	**–**	**27**	**36**	**31**	**8**	**5**	**–**	**1**
Chiropractors 1989–90	104	2	23	33	32	10	3	–	1

[1] Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[2] Practitioners receiving $40,000 or more in MCIB payments during the year and practising in Saskatchewan under MCIB coverage at the end of the year.

[3] The size of practice is the number of different persons on whose behalf a claim was paid during the year.

Table 18

Practitioners by Range of Patient Contacts

Type of Practitioner[1]	Number of Practitioners[2]	Range of Patient Contacts[3] 1–2,000	2 001–4,000	4,001–6,000	6,001–8,000	8,001–10,000	10,001–12,000	Over 12,000
General Practitioners								
Urban:	502	15	110	102	135	63	41	36
Association	387	5	85	84	102	51	33	27
Solo	115	10	25	18	33	12	8	9
Rural:	218	1	19	31	39	45	33	50
Association	112	1	9	11	23	28	17	23
Solo	106	–	10	20	16	17	16	27
All General Practitioners 1990–91	**720**	**16**	**129**	**133**	**174**	**108**	**74**	**86**
All General Practitioners 1989–90	718	24	109	156	152	113	81	83
Specialists								
Paediatricians and Medical Geneticists	30	4	11	6	6	1	1	1
Internists and Physiatrists	74	16	23	12	11	5	3	4
Neurologists	8	2	4	–	–	2	–	–
Psychiatrists	30	9	11	6	1	2	–	1
Dermatologists	5	–	–	2	2	1	–	–
Anaesthetists	54	49	2	2	1	–	–	–
General Surgeons	49	10	31	5	2	1	–	–
Thoracic Surgeons	7	3	4	–	–	–	–	–
Orthopaedic Surgeons	27	4	14	8	1	–	–	–
Plastic and Reconstructive Surgeons	11	3	6	2	–	–	–	–
Neurological Surgeons	6	–	4	2	–	–	–	–
Obstetricians and Gynaecologists	32	5	8	16	2	1	–	–
Urological Surgeons	15	4	10	1	–	–	–	–
Ophthalmologists	21	–	8	9	2	2	–	–
Otolaryngologists	11	1	2	2	2	2	1	1
All Specialists 1990–91	**380**	**110**	**138**	**73**	**30**	**17**	**5**	**7**
All Specialists 1989–90	370	96	147	71	23	22	7	4
All Physicians 1990–91	**1,100**	**126**	**267**	**206**	**204**	**125**	**79**	**93**
All Physicians 1989–90	1,088	120	256	227	175	135	88	87
Optometrists 1990–91	**85**	**22**	**58**	**3**	**1**	**1**	**–**	**–**
Optometrists 1989–90	88	27	55	5	–	1	–	–
Chiropractors 1990–91	**108**	**–**	**7**	**14**	**17**	**19**	**23**	**28**
Chiropractors 1989–90	104	–	6	10	19	16	28	25

[1] Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[2] Practitioners receiving $40,000 or more in MCIB payments during the year and practising in Saskatchewan under MCIB coverage at the end of the year.

[3] A patient contact represents each time the practitioner saw a patient professionally regardless of the number of services provided at the time. Services which could be billed in addition to an office visit are excluded. In surgical cases, the patient contacts are understated since most of these procedures are a composite of procedure and pre- and post-operative care. Since patient contacts are not normally made by Pathologists or Radiologists, these two specialties are excluded.

Table 19

Practitioners by Place of Graduation[1]

Type of Practitioner[2]	Number of Practitioners[3]	Canada		U.S.A., Central and South America	United Kingdom and Eire	Continental Europe	Asia	Africa	Australia
		Sask.	Other Prov.						
General Practitioners									
Urban:	502	207	58	12	100	12	82	30	1
Association	387	180	45	9	63	8	58	24	–
Solo	115	27	13	3	37	4	24	6	1
Rural:	218	54	23	3	64	1	31	42	–
Association	112	46	15	–	15	–	17	19	–
Solo	106	8	8	3	49	1	14	23	–
All General Practitioners 1990–91	**720**	**261**	**81**	**15**	**164**	**13**	**113**	**72**	**1**
All General Practitioners 1989–90	718	260	85	16	169	13	111	63	1
Specialists									
Paediatricians and Medical Geneticists	30	3	7	3	4	–	11	2	–
Internists and Physiatrists	74	22	20	4	7	5	12	4	–
Neurologists	8	1	–	1	2	–	4	–	–
Psychiatrists	30	5	5	1	6	2	11	–	–
Dermatologists	5	2	2	–	1	–	–	–	–
Anaesthetists	54	23	11	–	11	1	6	2	–
General Surgeons	49	14	11	2	7	1	13	1	–
Thoracic Surgeons	7	1	3	2	1	–	–	–	–
Orthopaedic Surgeons	27	11	7	1	6	–	2	–	–
Plastic and Reconstructive Surgeons	11	5	3	–	1	1	1	–	–
Neurological Surgeons	6	1	1	–	1	–	2	1	–
Obstetricians and Gynaecologists	32	12	5	1	7	2	2	3	–
Urological Surgeons	15	4	8	–	1	–	2	–	–
Ophthalmologists	21	7	5	1	4	–	–	4	–
Otolaryngologists	11	7	–	–	1	–	2	1	–
Pathologists	10	1	3	–	3	–	3	–	–
Diagnostic Radiologists	34	15	8	–	5	–	5	1	–
All Specialists 1990–91	**424**	**134**	**99**	**16**	**68**	**12**	**76**	**19**	**–**
All Specialists 1989–90	412	126	99	14	69	11	74	18	1
All Physicians 1990–91	**1,144**	**395**	**180**	**31**	**232**	**25**	**189**	**91**	**1**
All Physicians 1989–90	1,130	386	184	30	238	24	185	81	2
Optometrists 1990–91	**85**	**–**	**80**	**5**	**–**	**–**	**–**	**–**	**–**
Optometrists 1989–90	88	–	83	5	–	–	–	–	–
Chiropractors 1990–91	**108**	**–**	**103**	**5**	**–**	**–**	**–**	**–**	**–**
Chiropractors 1989–90	104	–	98	6	–	–	–	–	–

[1] The place of graduation is the location at which the first medical, optometric, or chiropractic degree was obtained.

[2] Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[3] Practitioners receiving $40,000 or more in MCIB payments during the year and practising in Saskatchewan under MCIB coverage at the end of the year.

Table 20

Practitioners by Age Group

Type of Practitioner[1]	Number of Practitioners[2]	Age Group				
		Under 35	35–44	45–54	55–64	65+
General Practitioners						
Urban:	502	107	175	116	74	30
Association	387	100	150	80	43	14
Solo	115	7	25	36	31	16
Rural:	218	39	56	58	49	16
Association	112	22	33	33	18	6
Solo	106	17	23	25	31	10
All General Practitioners 1990–91	**720**	**146**	**231**	**174**	**123**	**46**
All General Practitioners 1989–90	718	145	242	159	133	39
Specialists						
Paediatricians and Medical Geneticists	30	3	4	13	9	1
Internists and Physiatrists	74	4	30	22	16	2
Neurologists	8	1	2	3	2	–
Psychiatrists	30	1	6	11	10	2
Dermatologists	5	1	1	1	1	1
Anaesthetists	54	13	23	9	6	3
General Surgeons	49	4	7	16	18	4
Thoracic Surgeons	7	–	5	1	1	–
Orthopaedic Surgeons	27	4	11	5	5	2
Plastic and Reconstructive Surgeons	11	–	6	1	3	1
Neurological Surgeons	6	–	2	–	4	–
Obstetricians and Gynaecologists	32	2	12	10	6	2
Urological Surgeons	15	–	7	5	2	1
Ophthalmologists	21	4	7	2	5	3
Otolaryngologists	11	3	1	5	2	–
Pathologists.	10	–	2	4	4	–
Diagnostic Radiologists	34	5	13	7	7	2
All Specialists 1990–91	**424**	**45**	**139**	**115**	**101**	**24**
All Specialists 1989–90	412	51	135	112	94	20
All Physicians 1990–91	**1,144**	**191**	**370**	**289**	**224**	**70**
All Physicians 1989–90	1,130	196	377	271	227	59
Optometrists 1990–91	**85**	**19**	**28**	**17**	**11**	**10**
Optometrists 1989–90	88	20	30	14	14	10
Chiropractors 1990–91	**108**	**39**	**34**	**15**	**14**	**6**
Chiropractors 1989–90	104	39	31	13	14	7

[1] Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[2] Practitioners receiving $40,000 or more in MCIB payments during the year and practising in Saskatchewan under MCIB coverage at the end of the year.

Table 21

Average Payment[1] (000's) Per Resident Practitioner[2] by Specialty and Range of Paid Amount

	Type of Practitioner[3]							
	All Physicians		General Practitioners					
			Urban Association		Rural Association		Urban Solo	
	Average Payment	Number	Average Payment	Number	Average Payment	Number	Average Payment	Number
Practitioners[4]	200.1	1,144	147.6	387	187.7	112	155.6	115
Highest Paid	6,060.8		470.7		403.8		373.3	
Less than $ 30,000	15.3	123	15.1	48	10.7	7	16.1	23
$ 30,000 – $ 39,999	35.6	31	36.7	15	36.2	1	35.8	3
$ 40,000 – $ 59,999	52.0	57	53.1	29	49.9	2	52.5	5
$ 60,000 – $ 79,999	70.4	81	70.4	37	66.1	6	68.2	6
$ 80,000 – $ 99,999	89.2	96	88.3	45	87.6	6	89.5	12
$100,000 – $119,999	110.0	106	110.3	42	115.1	6	108.3	18
$120,000 – $139,999	129.5	105	129.2	43	133.0	8	129.9	14
$140,000 – $159,999	150.5	109	150.4	43	149.5	14	146.5	13
$160,000 – $179,999	170.5	103	170.5	37	175.3	8	168.9	15
$180,000 – $199,999	189.9	94	187.8	34	190.6	20	191.3	5
Over $200,000	342.5	393	255.2	77	260.4	42	258.6	27
Total	**178.7**	**1,298**	**129.8**	**450**	**176.1**	**120**	**130.3**	**141**

	Neurologists		Psychiatrists		Dermatologists		Anaesthetists	
	Average Payment	Number	Average Payment	Number	Average Payment	Number	Average Payment	Number
Practitioners[4]	235.6	8	164.3	30	159.6	5	171.8	54
Highest Paid	603.7		500.3		285.6		270.2	
Less than $ 30,000	21.1	1	16.3	6	6.2	1	–	–
$ 30,000 – $ 39,999	–	–	30.7	3	–	–	–	–
$ 40,000 – $ 59,999	–	–	51.4	4	–	–	48.0	1
$ 60,000 – $ 79,999	–	–	76.3	3	–	–	–	–
$ 80,000 – $ 99,999	94.5	1	88.8	5	94.6	2	96.1	2
$100,000 – $119,999	111.1	2	113.4	2	–	–	111.5	7
$120,000 – $139,999	131.9	2	131.2	2	–	–	129.4	5
$140,000 – $159,999	156.2	1	153.0	2	149.7	1	152.0	7
$160,000 – $179,999	–	–	165.0	2	173.7	1	173.3	11
$180,000 – $199,999	–	–	195.5	1	–	–	192.0	6
Over $200,000	574.2	2	303.3	9	285.6	1	232.5	15
Total	**211.8**	**9**	**131.2**	**39**	**134.1**	**6**	**171.8**	**54**

	Obstetricians and Gynaecologists		Urological Surgeons		Ophthalmologists		Otolaryngologists	
	Average Payment	Number	Average Payment	Number	Average Payment	Number	Average Payment	Number
Practitioners[4]	264.3	32	202.2	15	331.2	21	356.3	11
Highest Paid	549.8		474.6		1,009.3		782.2	
Less than $ 30,000	20.0	1	–	–	28.6	1	–	–
$ 30,000 – $ 39,999	33.6	1	–	–	34.4	1	–	–
$ 40,000 – $ 59,999	–	–	55.7	1	–	–	–	–
$ 60,000 – $ 79,999	77.2	1	–	–	–	–	60.7	1
$ 80,000 – $ 99,999	91.4	3	–	–	–	–	–	–
$100,000 – $119,999	106.1	2	–	–	114.5	2	–	–
$120,000 – $139,999	–	–	129.5	1	–	–	120.6	1
$140,000 – $159,999	151.8	1	159.1	1	144.0	1	158.3	2
$160,000 – $179,999	167.4	2	174.8	1	165.9	3	–	–
$180,000 – $199,999	187.9	1	189.3	5	–	–	–	–
Over $200,000	328.2	22	261.3	6	405.7	15	488.8	7
Total	**250.4**	**34**	**202.2**	**15**	**305.2**	**23**	**356.3**	**11**

[1] Represents gross payments, including retroactive payments, by the Medical Care Insurance Branch from which the practitioners must pay overhead costs which may be high in specialties such as Radiology and Pathology. The MCIB payments should not be taken to represent total professional income since the practitioners may receive payments from other sources, e.g. from other public or private agencies, from patients requesting services not covered by MCIB.

Table 21 (Continued)

Type of Practitioner[1]									
		All General Practitioners		All Specialists					
Rural Solo						Paediatricians and Medical Geneticists		Internists and Physiatrists	
Average Payment	Number	Average Payment	Number	Average Payment	Number	Average Payment	Number	Average Payment	Number
181.2	106	160.1	720	268.1	424	173.8	30	233.0	74
512.9		512.9		6,060.8		515.8		691.7	
15.8	4	15.0	82	15.8	41	14.7	9	18.8	11
–	–	36.5	19	34.0	12	36.3	2	35.7	4
54.7	5	53.0	41	49.3	16	52.7	2	47.5	5
72.9	5	69.9	54	71.4	27	71.9	4	71.5	11
91.7	6	88.7	69	90.2	27	90.3	4	86.6	6
111.1	10	110.3	76	109.2	30	107.2	2	106.7	4
126.7	17	129.2	82	130.4	23	134.1	2	129.6	3
153.5	8	149.9	78	151.9	31	152.8	3	152.1	3
171.5	12	170.9	72	169.7	31	162.5	1	179.1	1
191.0	7	189.3	66	191.3	28	193.1	3	188.6	3
281.4	36	262.1	182	411.9	211	308.7	9	360.1	38
175.2	**110**	**142.7**	**821**	**240.5**	**477**	**132.2**	**41**	**197.7**	**89**

General Surgeons		Thoracic Surgeons		Orthopaedic Surgeons		Plastic and Reconstructive Surgeons		Neurological Surgeons	
Average Payment	Number	Average Payment	Number	Average Payment	Number	Average Payment	Number	Average Payment	Number
186.4	49	302.3	7	249.4	27	208.6	11	268.2	6
365.0		456.6		644.5		331.5		435.1	
9.9	2	–	–	–	–	–	–	–	–
33.0	1	–	–	–	–	–	–	–	–
45.6	3	–	–	–	–	–	–	–	–
75.7	2	–	–	62.4	2	76.8	1	–	–
–	–	99.0	1	–	–	–	–	–	–
107.3	5	104.0	1	108.9	1	–	–	–	–
133.0	4	–	–	–	–	131.7	2	–	–
148.5	5	–	–	146.4	2	151.5	1	159.4	1
169.6	2	173.7	1	164.4	4	–	–	–	–
192.2	4	–	–	191.0	3	192.6	1	195.5	1
246.9	24	434.9	4	331.8	15	268.4	6	313.6	4
176.7	**52**	**302.3**	**7**	**249.4**	**27**	**208.6**	**11**	**268.2**	**6**

Pathologists		Diagnostic Radiologists		Optometrists		Chiropractors	
Average Payment	Number	Average Payment	Number	Average Payment	Number	Average Payment	Number
1,655.7	10	397.2	34	93.6	85	124.4	108
6,060.8		2,020.9		292.6		225.8	
10.1	2	13.4	7	18.3	6	18.8	11
–	–	–	–	35.7	8	–	–
–	–	–	–	52.3	13	48.4	9
–	–	67.5	2	69.6	21	68.9	13
–	–	87.6	3	87.8	20	92.4	13
–	–	107.9	2	108.4	18	110.3	15
–	–	124.4	1	130.4	8	132.2	19
–	–	–	–	140.5	1	150.8	14
–	–	166.1	2	–	–	168.9	12
–	–	–	–	196.9	1	191.8	9
1,655.7	10	518.1	24	241.8	3	217.1	4
1,381.5	**12**	**331.7**	**41**	**84.4**	**99**	**114.6**	**119**

[2] Includes Physicians, Chiropractors, and Optometrists resident in Saskatchewan at the end of the year.

[3] Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[4] Practitioners receiving $40,000 or more in MCIB payments during the year and practising in Saskatchewan under MCIB coverage at the end of the year.

Table 22

Average Payment Per Practitioner by Specialty, 1985–86 to 1990–91

Type of Practitioner[1]	Average Payment[2] (000's) 1985–86	1986–87	1987–88	1988–89	1989–90	1990–91	Average Annual Per Cent Change 1985–86 to 1990–91
General Practitioners							
Urban:	126.0	131.5	126.7	130.0	142.4	149.4	3.47
Association	123.9	128.5	123.1	127.3	140.1	147.6	3.56
Solo	131.7	139.8	137.8	137.8	149.3	155.6	3.39
Rural:	142.3	151.0	145.8	156.7	174.9	184.5	5.33
Association	137.1	141.7	141.2	155.2	172.4	187.7	6.48
Solo	149.0	163.4	152.9	158.6	178.3	181.2	3.99
All General Practitioners	**131.8**	**138.2**	**133.2**	**138.5**	**152.6**	**160.1**	**3.97**
Specialists							
Paediatricians and Medical Geneticists	137.1	145.5	139.8	151.8	162.0	173.8	4.86
Internists and Physiatrists	174.8	192.0	192.0	205.2	221.9	233.0	5.92
Neurologists	160.5	180.0	172.0	196.2	224.4	235.6	7.98
Psychiatrists	142.4	153.5	142.3	149.0	171.9	164.3	2.90
Dermatologists	94.1	100.2	114.8	117.7	141.9	159.6	11.14
Anaesthetists	124.6	140.0	145.9	156.0	164.6	171.8	6.64
General Surgeons	137.0	148.2	154.3	165.8	178.0	186.4	6.35
Thoracic Surgeons	252.4	230.7	295.0	263.0	326.7	302.3	3.67
Orthopaedic Surgeons	200.7	218.7	227.4	232.1	263.3	249.4	4.44
Plastic and Reconstructive Surgeons	177.9	188.4	196.2	202.3	199.0	208.6	3.24
Neurological Surgeons	158.0	182.7	203.9	217.6	244.3	268.2	11.16
Obstetricians and Gynaecologists	191.5	219.6	221.1	241.8	219.3	264.3	6.66
Urological Surgeons	145.4	166.3	179.4	185.4	198.6	202.2	6.82
Ophthalmologists	209.8	282.9	290.5	254.6	279.6	331.2	9.56
Otolaryngologists	293.0	300.0	293.0	297.6	323.1	356.3	3.99
Pathologists	1,042.0	1,219.1	1,121.9	1,455.7	1,323.0	1,655.7	9.70
Diagnostic Radiologists	269.1	272.8	277.5	343.7	349.4	397.2	8.10
All Specialists	**189.0**	**208.4**	**210.8**	**227.9**	**244.3**	**268.1**	**7.24**
Spec. less Pathologists & Radiologists	164.3	181.2	183.5	193.7	208.8	220.0	6.01
All Physicians	**151.8**	**162.4**	**159.8**	**169.4**	**186.0**	**200.1**	**5.68**
Phys. less Pathologists & Radiologists	142.4	152.0	149.2	156.3	171.7	180.8	4.89
Optometrists	**76.9**	**71.3**	**73.8**	**83.4**	**86.4**	**93.6**	**4.01**
Chiropractors	**92.4**	**110.9**	**110.3**	**115.2**	**121.5**	**124.4**	**6.13**

[1] Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

Chiropractors, Optometrists, and Physicians receiving $40,000 or more in MCIB payments during the year and practising in Saskatchewan under MCIB coverage at the end of the year.

[2] Represents gross payments, including retroactive payments, by the MCIB from which the practitioner must pay overhead costs which may be high in specialties such as Radiology and Pathology. The MCIB payment should not be taken to represent total professional income since practitioners may receive payment from other sources, e.g. from other public or private agencies, from patients requesting services not covered by MCIB.

Table 23

Physician Payments (000's) by Specialty Group

	General Practitioners		Medical Specialists[1]		Surgical Specialists[1]		Technical Specialists[1]	
	Number	Average Payment	Number	Average Payment	Number	Average Payment	Number	Average Payment
A. By Resident Community:[2]								
Regina	157	144.4	43	303.2	67	279.2	32	529.4
Saskatoon[3]	199	129.6	90	153.1	82	247.3	61	325.6
Moose Jaw	26	159.0	3	223.0	7	156.4	–	–
Prince Albert	48	171.0	6	279.6	9	168.0	4	605.2
Yorkton	24	178.7	2	*	2	*	–	–
Swift Current	15	229.4	2	*	4	190.9	–	–
North Battleford	22	172.8	–	–	3	274.8	–	–
Estevan	6	248.0	–	–	1	*	–	–
Weyburn	8	213.1	–	–	–	–	–	–
All Other Locations	215	184.7	1	*	4	147.3	1	*
B. By Activity Threshold:								
1. Resident at Year End and No Change in Location During Year[2]	673	162.2	146	205.2	167	244.5	96	405.4
2. Resident Full Year[2]	676	164.8	144	206.2	171	253.0	93	416.2
3. Resident and Active in Two Consecutive Years[2]	648	167.6	134	217.9	166	258.7	90	423.9
4. Resident During Any Portion of the Year and Earning $40,000 or more	759	156.5	151	201.6	186	242.4	101	391.4
5. Person-Year Equivalents and Earning $40,000 or more[4]	728.6	163.0	148.3	205.3	179.6	251.1	97.8	404.2
6. Resident at Year End With Payments ≥ $10,000 in Each Quarter of the Year	630	171.3	128	224.0	165	259.3	90	426.1
7. Resident at Year End and Not in Teaching Institutions[2]	707	161.4	102	246.6	154	260.8	76	473.8
C. By Place of Graduation:[2]								
Saskatchewan	261	155.8	33	191.3	62	281.9	39	289.7
Canada, Other Than Saskatchewan	81	129.1	34	157.6	43	214.9	22	711.6
United Kingdom and Eire	164	181.9	20	146.2	29	234.7	19	327.3
Asia	113	154.8	38	268.0	24	241.5	14	374.8
Other Areas	101	166.3	22	240.6	21	235.0	4	229.6
D. By Age Group:[2]								
Under 35	146	137.5	10	176.4	17	293.1	18	166.6
35 – 44	231	161.2	43	200.9	58	252.8	38	365.1
45 – 54	174	179.2	50	229.4	45	265.7	20	427.0
55 – 64	123	170.4	38	203.1	46	228.8	17	744.0
65 +	46	125.9	6	80.5	13	164.1	5	255.3

[1] Physicians are grouped as follows:

Medical Specialists include Paediatricians, Internists, Neurologists, Psychiatrists, Dermatologists, Physiatrists, and Medical Geneticists.

Surgical Specialists include General Surgeons, Thoracic Surgeons, Orthopaedic Surgeons, Plastic and Reconstructive Surgeons, Neurological Surgeons, Obstetricians and Gynaecologists, Urological Surgeons, Ophthalmologists and Otolaryngologists.

Technical Specialists include Anaesthetists, Pathologists and Diagnostic Radiologists.

[2] Physicians receiving $40,000 or more in MCIB payments during the year and practising in Saskatchewan at the end of the year.

[3] Includes physicians who practise out of teaching institutions. Average payments may reflect a downward bias as a result.

[4] Person-year equivalents are prorated on the number of months in practice.

* Not shown, to preserve confidentiality.

Supplementary Health Program

The Supplementary Health Program provides for payment of accounts for non-insured health services to people nominated for coverage by Saskatchewan Social Services. Responsibility for the Supplementary Health Program was transferred from the Medical Services Division of Saskatchewan Health to the Medical Care Insurance Branch effective September l, 1987.

Beneficiary classifications under the Program include Saskatchewan Assistance Plan beneficiaries, government wards, inmates of correctional institutions, and nominated persons 65 years and older who are receiving Level 2, 3 or 4 care in special care homes or hospitals and whose income is at or below the Saskatchewan Income Plan level.

Supplementary Health Program beneficiaries averaged 56,756 per month in 1990–91.

Beneficiaries are provided with a Health Services Card and a Supplementary Health Card. The Supplementary Health Card entitles beneficiaries to an additional range of non-insured services.

Medical Services

The Supplementary Health Program pays for non-insured third-party medical examinations requested by Saskatchewan Social Services. These examinations are to determine level of required nursing care, rehabilitation potential or employability.

Dental Services

Coverage includes preventive, restorative, exodontic, and prosthetic dentistry but does not include payment for services that are available to children under the Children's Dental Program. Payments are made on the basis of a schedule negotiated with the College of Dental Surgeons of Saskatchewan.

Drug and Medical Appliance Services

The Supplementary Health Program provides drug benefits at three levels:

Plan One — All beneficiaries may obtain the following prescribed drugs without charge: insulin, oral hypoglycemics, injectable vitamin B12, birth control pills, allergenic extracts and products used in megavitamin therapy. All formulary drugs are made available to Plan One beneficiaries at a reduced prescription charge.

Plan Two — In addition to the benefits under Plan One, the beneficiary may receive, without charge, any prescribed drug on the Saskatchewan Prescription Drug Plan formulary. All persons under 18, rehabilitation cases, unmarried mothers, transients and individuals with unusually high drug requirements are eligible for Plan Two.

Plan Three — In addition to the benefits under Plans One and Two, the beneficiary may receive most non-formulary drugs without charge. This coverage is granted to residents in nursing and approved community homes, government wards and provincial correctional centre inmates.

The Supplementary Health Program pays the full cost of most medical supplies and appliances prescribed by a physician which are not benefits under the SAIL Plan.

Optical Services

The Supplementary Health Program pays for eyeglasses on behalf of eligible beneficiaries whether provided by an optometrist or ophthalmic dispensary. Payment is made on the basis of laboratory costs plus a dispensing fee. Fees are paid according to negotiated payment schedules. There is an upper limit on the amount paid for eyeglass frames.

Medical Transportation

Benefits include coverage for emergency medical transportation by road ambulance and the Saskatchewan Government air ambulance service. On April 1, 1986, payment responsibility for the universal component of the Northern Medivac Program was transferred from the Northern Health Services Branch to the Supplementary Health Program. Additional coverage is provided to clients in northern Saskatchewan in the form of long-distance medically related transportation by other types of commercial carrier subject to pre-authorization by local health personnel.

Table 24

Supplementary Health Program Payments by Beneficiary Category

Services	Categories of Beneficiaries					
	Social Assistance Plan	Government Wards	Provincial Correctional Institutions	Sask Income Plan Recipients in Special Care Homes	Other Beneficiary Categories	Totals
Medical Services	$ 104,209	$ 1,308	$ –	$ 73	$ 37,146	$ 142,737
Dental Services	2,051,426	51,678	122,810	109,301	–	2,335,215
Optical Services	613,032	40,100	41,557	13,792	14,247	722,728
Prescription Drugs	219,202	61,167	42,015	568,822	8,298	899,504
Medical Appliances and Supplies	352,801	26,710	4,606	242,135	17,312	643,564
Medical Transportation (Aircraft)	208,263	2,328	254	1,895	22,320	235,060
Medical Transportation (Ground)	1,387,600	27,024	7,354	238,828	73,145	1,733,951
Medivac	–	–	–	–	266,461	266,461
Totals	**$4,936,533**	**$210,315**	**$218,596**	**$1,065,545**	**$548,230**	**$6,979,213**

Table 25

Supplementary Health Program
Medical Examinations, Appliances, and Supplies

Services	Number of Claims	Cost
Medical Examinations, Reports and Related Services	**6,096**	**$142,579**
Medical Appliances and Supplies		
Dressings, bandages, tapes, etc.	3,147	$116,109
Syringes, hypodermic needles	3,587	88,398
Hearing aid units	170	36,322
Hearing aid evaluation fees	242	37,837
Hearing aid accessories	1,566	16,313
Hearing aid repairs	99	5,520
Ostomy sets and accessories	1,132	65,685
Catheters and accessories	1,339	117,407
Glucometers	28	5,810
TENS units	80	8,482
Orthopedic footwear (custom built)	1,632	87,605
Non-reuseable aids (rubber gloves, etc.)	1,632	87,605
Non-prescription drugs	620	19,010
Other appliances, supplies, services	1,262	41,449
Total	**21,000**	**$788,526**
Less: Net of claims received for services provided in 1990–91 but paid in 1991–92. This adjustment is made to reflect the cash basis of accounting used in the Public Accounts		$ 2,225
TOTAL		**$786,301**

Table 26

Supplementary Health Program Dental Services

Dentist Services	Number	Cost
Diagnostic		
Examination	8,958	$122,812
Periapical radiograph	6,224	64,502
Bitewing radiograph (1 or 2 films)	6,039	72,905
Preventive		
Prophylaxis — child under 5	315	5,313
Prophylaxis — patient over 13	6,774	221,024
Topical Fluoride — patient under 18	493	4,072
Oral hygiene instruction — patient under 18	299	4,587
Restorative		
Caries control	437	8,051
Amalgam restoration		
— primary teeth	740	17,035
— permanent teeth	12,283	458,121
Composite resin restoration	5,039	225,871
Crowns — stainless steel or acrylic	247	12,172
Recement crown	55	1,129
Preformed metal post and core	1	53
Endodontics		
Pulpotomy	173	4,888
Other Endodontics	17	806
Prosthetics		
Complete upper denture	589	126,137
Complete lower denture	416	88,925
Partial denture	230	27,580
Denture repair	529	25,770
Denture reline — self curing	52	3,191
Denture reline — processed	405	25,517
Rebase	5	401
Denture adjustment	253	4,457
Bridge repair	12	255
Oral Surgery		
Extractions	9,404	200,656
Oral surgery	725	49,384
Adjunctive General Services		
Palliative care	868	14,449
Hospital Visit	154	3,970
Emergency call-back	52	1,257
Other Services	819	7,494
Provincial Correctional Centres		
Dentist contractual services in the centres at Regina, Saskatoon, Prince Albert	2,415	32,868

Table 26 (Continued)

Specialist Dental Services	Number	Cost
Initial examination – oral surgery	280	$10,237
Panoramic radiograph	235	6,081
Removal of tooth – uncomplicated	802	17,659
Complicated surgery approach	108	6,317
Soft tissue impaction	89	6,064
Unerupted impaction	298	32,241
Root removal	38	2,629
Specialist hourly fee	3	352
Major orthodontia	183	13,518
Other Services	165	1,930
Denturist Services	**Number**	**Cost**
Complete upper denture	155	$41,072
Complete lower denture	97	24,789
Complete upper and lower denture	151	80,000
Partial denture	26	5,160
Extra clasp	17	199
Denture repair	248	6,836
Denture reline – self curing	11	518
Denture reline – processed	135	10,704
Other Services	172	1,290
Dental Laboratory Services	**Number**	**Cost**
Complete upper or lower denture	769	$92,191
Immediate denture	266	35,258
Partial acrylic denture	322	29,924
Extra clasps	40	426
Denture reline – processed	408	20,245
Denture rebase	4	225
Model, tray, biteblock	2,532	17,994
Other services and adjustments	78	11,215
Sub Total	**73,016**	**$2,313,938**
Plus: Claims received in 1989–90 but paid in 1990–91. This adjustment is made to reflect the cash basis of accounting used in the Public Accounts.		$ 21,277
Total		**$2,335,215**

Table 27

Supplementary Health Program Optometric Services

Optometrist Services	Volume	Dispensing Fees	Material Costs	Total Costs
New Prescriptions:				
Unifocal lenses with				
— new frame	3,241	$158,851	$144,112	$302,963
— old frame	290	9,360	7,190	16,550
Bifocal lenses with				
— new frame	1,162	66,988	82,985	149,973
— old frame	221	9,162	11,090	20,252
Replacements:				
— frames only	243	1,590	4,975	6,565
— lenses only	238	2,911	5,006	7,917
— complete glasses	274	6,894	12,692	19,586
Repairs	531	3,487	4,061	7,548
Contact Lenses	12	1,576	–	1,576
Other Services	13	555	945	1,500
Total Optometrist Services	**6,225**	**$261,374**	**$273,056**	**$534,430**

Ophthalmic Dispensers Services	Volume	Dispensing Fees	Material Costs	Total Costs
New Prescriptions:				
Unifocal lenses with				
— new frame	1,242	$45,662	$55,664	$101,326
— old frame	131	3,187	3,218	6,405
Bifocal lenses with				
— new frame	375	16,200	26,797	42,997
— old frame	80	2,486	4,009	6,495
Replacements:				
— frames only	191	954	3,879	4,833
— lenses only	113	1,156	2,714	3,870
— complete glasses	133	2,530	6,759	9,289
Repairs	277	1,373	2,324	3,697
Contact lenses	5	1,125	–	1,125
Artificial Eyes	12	6,780	–	6,780
Other Services	5	83	–	83
Total Dispenser Services	**2,564**	**$81,536**	**$105,364**	**$186,900**
Other Payees	28	$1,143	–	$ 1,143
Total Optometric Services	**8,817**	**$344,053**	**$378,420**	**$722,474**
Plus: Net of claims received for services provided in 1989–90 but paid in 1990–91. This adjustment is made to reflect the cash basis of accounting used in the Public Accounts				248
Total				**$722,722**

Children's Dental Program

Saskatchewan Health implemented a comprehensive dental care program for children in 1974. The objective of the program is to improve the dental health of children by providing preventive, treatment and education services to Saskatchewan children. The program is designed to provide dental care during the formative years and to establish positive habits for dental health which children will carry into adulthood.

From 1974 to 1987 most services were provided in school-based clinics by teams of dentists, dental therapists and assistants employed by the Department. Dental teams generally visited most elementary schools in the province once per year and provided a basic scope of services to children enrolled in the plan. The plan operated on a "school year" basis; i.e. September to August of the following calendar year.

In the school year 1981–82 a bridging program was developed to support the transition of adolescents to private practice dentists. The program consisted of the assignment of adolescents to specific dentists by the parents or guardians. The Department of Health contracted to make a capitation payment (or uniform fee) to the College of Dental Surgeons of Saskatchewan for each adolescent making one or more visits to a participating dentist. The College remunerated each dentist according to a fee schedule designed for the plan. A prescribed range of services was provided at no charge to the parents.

In 1987 the capitation model was expanded to encompass all children born between 1974 and 1982; i.e. ages 5 to 13 inclusive. The program name was changed from the Saskatchewan Health Dental Plan to the Children's Dental Program. The new program came into effect on September 1, 1987. The time at which children became eligible for the Children's Dental Program was modified effective September 1, 1988. Rather than becoming eligible for dental services in September of the year in which they turned five, children became eligible in the month they turned five. In addition to being easier for parents to understand, this change provided earlier access to dental services for most 5 year olds.

Services in the program year 1990–91 were provided by about 300 private practice dentists in Saskatchewan, by the Saskatchewan Institute of Applied Science and Technology in Regina, and by the College of Dentistry clinic at the University of Saskatchewan. Several dentists in Alberta and Manitoba, located near the borders, also participated in the program for the convenience of Saskatchewan residents.

Dental health education was provided to over 104,000 students in Kindergarten through Grade 6 by the Community Health — Prevention Services Branch. In addition, the Northern Health Services Branch provides a program of prevention, treatment and dental health education to children resident in Northern Saskatchewan. Detailed information on these activities is available in other reports of the Department.

Table 28

Children Receiving Services Through the Children's Dental Program at August 31, 1991 (excludes Registered Indians)

Age Group	Number Eligible	Number Receiving Services	Per Cent of Eligible Receiving Services
Total	**130,703**	**109,717**	**83.9**
Born 1976	–	2,253	–
1977	5,730	10,895	–
1978	13,897	10,698	77.0
1979	14,365	11,612	80.0
1980	14,299	11,699	81.8
1981	14,431	11,941	82.8
1982	14,738	12,235	83.0
1983	14,737	12,130	82.3
1984	14,511	11,682	80.5
1985	14,481	10,807	74.6
1986	9,514	3,765	39.6

Table 29

Registered Indian Children Receiving Services Through the Children's Dental Program at August 31,1991

Age Group	Number Eligible	Number Receiving Services	Per Cent of Eligible Receiving Services
Total	**12,025**	**6,049**	**50.3**
Born 1976	–	76	–
1977	474	487	–
1978	1,181	582	49.3
1979	1,174	632	53.8
1980	1,208	644	53.3
1981	1,327	719	54.2
1982	1,318	693	52.6
1983	1,368	708	51.8
1984	1,406	712	50.6
1985	1,555	641	41.2
1986	1,014	155	15.3

Table 30

Children Receiving Services by Location at August 31, 1991

Location	Number Eligible	Number Receiving Services	% of Eligible Receiving Services	Treatment Plans Completed	% of Children With Treatment Completed
All Children (Excluding Registered Indians)					
Rural	64,472	56,333	87.4	47,772	84.8
Urban	66,231	53,384	80.6	44,326	83.0
Totals	130,703	109,717	83.9	92,098	83.9
Registered Indian Children					
Rural	7,156	3,673	51.3	2,283	62.2
Urban	4,869	2,376	48.8	1,524	64.1
Totals	12,025	6,049	50.3	3,807	62.9
All Eligible Children					
Rural	71,628	60,006	83.8	50,055	83.4
Urban	71,100	55,760	78.4	45,850	82.2
Totals	142,728	115,766	81.1	95,905	82.8

Note: Urban locations include the following:

Estevan	Regina
Lloydminster	Saskatoon
Moose Jaw	Swift Current
North Battleford	Weyburn
Prince Albert	Yorkton

Note: Tables 28,29, and 30 have changed in two ways from previous Annual Reports:

1. The process of requiring that parents "assign" their children to specific dentists (i.e. "registration" or "enrollment") was suspended for the program year 1990–91. Figures for the number of children receiving services one or more times from dentists have been substituted for "registration" data in the three tables.
2. Information on the number of children with treatment plans completed has been added to Table 30. The dentist develops a "treatment plan" for the child during the examination. If all of the required work is completed for the child, the dentist submits a code to the program office indicating completion of the proposed treatment. These statistics record the number of completion codes submitted for the program year.

Figure 5
Per Cent of Eligible Children Ages 5 to 13 Receiving Dental Services in the Saskatchewan Dental Plan and the Children's Dental Program at August 31 of Each Year

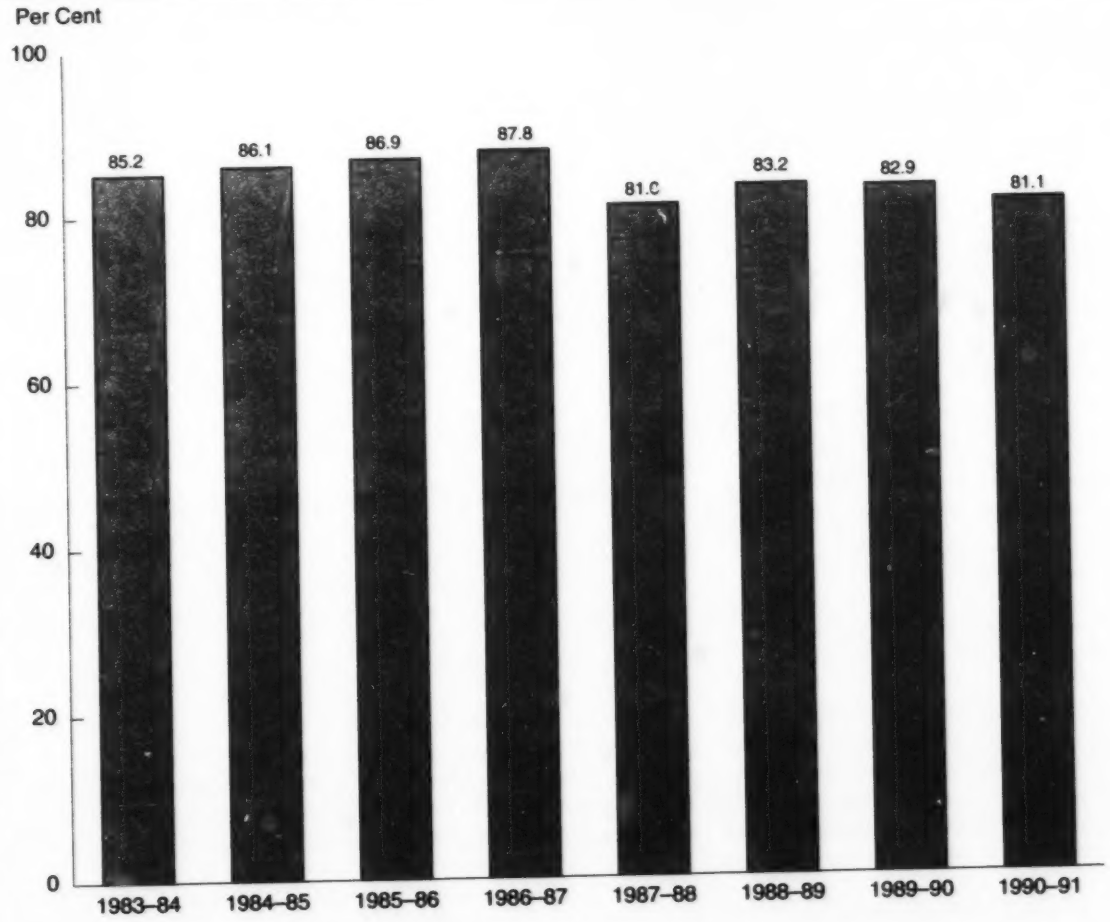

Table 31
Dental Health of Children Examined
September 1990 to August 1991

	Average Number Per Child By Year of Birth								
	1977	1978	1979	1980	1981	1982	1983	1984	1985
Decayed, extracted or filled deciduous teeth (DEF)	–	–	–	–	–	2.88	2.76	2.63	2.29
— decayed	–	–	–	–	–	0.65	0.81	1.02	1.45
— extracted	–	–	–	–	–	0.05	0.04	0.04	0.02
— filled	–	–	–	–	–	2.16	1.89	1.56	0.81
Decayed, missing or filled permanent teeth (DMF)	2.63	2.03	1.45	1.19	1.00	0.67	0.47	0.19	0.03
— decayed	0.78	0.61	0.43	0.37	0.34	0.30	0.30	0.15	0.03
— missing	0.03	0.03	0.01	0.00	0.00	0.00	0.00	0.00	0.00
— filled	1.81	1.37	0.99	0.80	0.65	0.36	0.17	0.04	0.00
Total DEF plus DMF	2.86	2.59	2.68	3.23	3.76	3.55	3.23	2.83	2.33
Percent of Children with DMF of 0	32.51	38.69	47.49	52.27	57.44	68.78	76.63	89.37	97.84
Percent of Children with DEF of 0	–	–	–	–	–	34.95	38.26	42.50	49.75
Percent of DMF plus DEF of 0	–	–	–	–	–	29.86	34.56	40.80	49.36
Decayed deciduous and permanent teeth	–	–	–	–	–	0.96	1.12	1.17	1.49
Filled deciduous and permanent teeth	–	–	–	–	–	2.53	2.06	1.61	0.81
Ratio of filled deciduous and permanent teeth to DMF plus DEF	–	–	–	–	–	0.71	0.63	0.56	0.35
Ratio of missing plus extracted to filled teeth	0.02	0.02	0.01	0.01	0.01	0.02	0.02	0.02	0.03
Permanent teeth erupted, not decayed	23.06	21.75	18.97	15.05	12.11	10.46	8.14	4.68	1.28
Deciduous teeth filled and redecayed	–	–	–	–	–	0.08	0.07	0.06	0.03
Permanent teeth filled and redecayed	0.03	0.02	0.01	0.01	0.01	0.00	0.00	0.00	0.00

Note: Dental health indices on deciduous teeth for children born from 1977 to 1981 have not been reported since too high a proportion of deciduous teeth have already been shed.

Table 32

Progression of Decayed, Missing and Filled Permanent Teeth by Age, 1974–75 to 1990–91

	Age							
Program Year	6	7	8	9	10	11	12	13
1974–75	0.94	–	–	–	–	–	–	–
1975–76	0.80	1.95	–	–	–	–	–	–
1976–77	0.72	1.81	2.71	3.10	–	–	–	–
1977–78	0.67	1.52	2.54	3.21	3.68	–	–	–
1978–79	0.57	1.46	2.26	3.01	3.65	4.42	5.23	–
1979–80	0.53	1.24	2.08	2.69	3.43	4.20	5.24	6.25
1980–81	0.38	1.17	1.80	2.47	3.07	3.94	4.96	6.26
1981–82	0.32	0.93	1.76	2.30	2.96	3.63	4.71	5.86
1982–83	0.31	0.83	1.45	2.27	2.76	3.43	4.33	5.48
1983–84	0.26	0.71	1.23	1.80	2.57	3.18	4.05	4.99
1984–85	0.23	0.61	1.08	1.55	2.14	2.94	3.67	4.61
1985–86	0.17	0.52	0.88	1.32	2.78	2.42	3.35	4.06
1986–87	0.14	0.39	0.78	1.14	1.55	2.13	2.90	3.82
1987–88	0.22	0.44	0.69	1.07	1.41	1.91	2.52	3.39
1988–89	0.19	0.50	0.70	0.90	1.29	1.71	2.30	2.98
1989–90	0.19	0.42	0.75	0.93	1.14	1.58	2.10	2.79
1990–91	0.19	0.47	0.67	1.00	1.19	1.45	2.03	2.63

Note: This table shows the improvements in the number of decayed, missing and filled permanent teeth for individual age groups from the 1974–75 program year to the 1990–91 program year. For example, the number of decayed, missing and filled permanent teeth for the average 10 year old child declined from 3.68 in 1977–78 to 1.19 in 1990–91.

Figure 6

Total DMF and DEF for the Average Six Year Old Child by Program Year

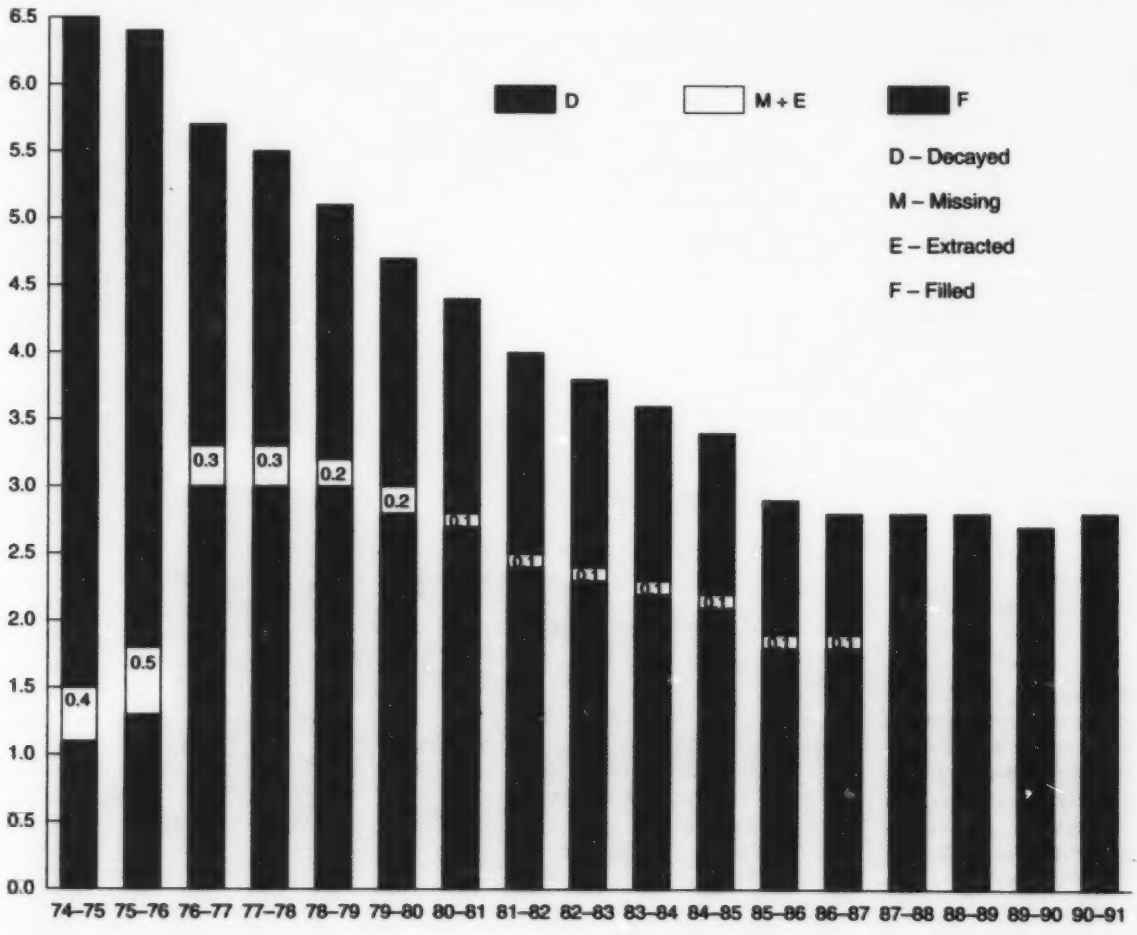

Table 33

Clinical Services Provided Under The Children's Dental Program, September 1990 to August 1991

Service Description	Number (By Year of Birth)											
	1976	1977	1978	1979	1980	1981	1982	1983	1984	1985	1986	Totals
Diagnostic												
Examinations	2,163	11,070	10,951	11,842	11,955	12,244	12,467	12,389	11,921	11,020	3,691	111,713
Periapical Radiograms	136	1,147	1,111	1,312	1,539	1,616	1,935	1,934	1,655	1,173	303	13,861
Occlusal X-rays	36	219	235	224	314	359	400	537	559	509	187	3,579
Panoramic Radiograms	0	7	7	1	3	5	2	0	2	0	0	27
Bitewing X-rays (one film)	3	22	27	43	41	44	61	57	72	57	21	448
Bitewing X-rays (two films)	1,677	9,122	8,704	9,375	9,474	9,943	10,223	10,116	9,505	8,326	2,646	89,111
Diagnostic Models	4	72	74	112	92	115	187	176	95	40	6	973
Preventive												
Dental Prophylaxis, oral hygiene instruction, light scaling, topical fluoride application	2,103	10,764	10,618	11,525	11,595	11,945	12,098	11,955	11,404	10,440	3,435	107,882
Pit and Fissure Sealants	1,392	9,194	9,053	6,848	4,375	3,931	7,448	13,690	12,157	3,178	119	71,385
Space Maintainers	0	8	19	34	78	133	311	391	352	222	50	1,598
Restorative												
Caries Control	7	56	62	72	124	117	128	177	145	252	72	1,212
Amalgam Restorations												
— Primary Tooth	10	167	349	1,180	2,935	5,546	8,416	10,158	11,658	14,552	4,019	58,990
— Permanent Tooth	1,762	9,689	7,046	5,511	4,757	4,561	4,117	4,143	1,999	376	20	43,981
Retention Pins for Restor.	14	70	71	34	62	62	35	24	10	6	3	391
Acrylic or Composite Restor.	209	1,243	935	821	776	607	456	257	83	19	0	5,406
Crowns and Post/Core	17	161	136	198	374	678	1,107	1,515	1,793	2,527	683	9,189
Endodontic												
Therapeutic Apical Closure	0	4	6	11	12	16	14	8	4	0	0	75
Pulpotomy — Primary Tooth	0	12	24	105	252	534	1,029	1,276	1,591	2,398	638	7,859
Pulpotomy — Permanent Tooth	0	19	16	14	18	19	19	17	4	3	0	129
Root Canal	7	91	65	67	60	53	22	6	0	0	0	371
Trephination	0	5	3	3	4	3	2	1	0	0	0	21
Reposition Traumatically Displaced Tooth	0	13	13	21	30	33	17	12	4	3	4	150
Prosthetic												
Partial Dentures	5	17	8	6	15	4	5	3	0	0	0	63
Denture Repairs	1	2	2	4	1	2	6	1	0	0	0	19
Oral Surgery												
Extractions	178	1,992	3,082	4,457	4,605	4,035	4,087	4,109	3,615	2,095	301	32,556
Other Procedures	9	109	132	103	153	147	133	188	180	217	37	1,408
Adjunctive Services												
Palliative Treatments	5	45	64	58	81	80	112	135	159	113	21	873
Hospital Visits	1	12	14	14	16	24	34	43	86	176	52	472